

Report of Discrimination

To report an instance of discrimination, please complete this form and submit a copy to Leo R. Blatz, Chief Executive Officer. You will not be retaliated against for filing a complaint.

COMPLAINANT INFORMATION					
	Name:	_Job Title:			
	Phone:	Email:			
	Work Address:				
	Preferred Communication Method: □ Email □ Phone □ In Person				
SU	SUPERVISORY INFORMATION				
	Supervisor's Name:	_Title:			
	Phone:	Email:			
	Work Address:				
СО	MPLAINT				
	Location of Incident(s):				
	Is the discrimination continuing? \square Yes \square No				
Individuals Involved and Witnesses					
Please list the name and contact information of any individuals involved and any witnesses who may have information related to your complaint:					

2829 Sheridan Drive, Tonawanda, NY 14150 | Toll-Free: 866.633.3700 | Toll-Free Fax: 877.375.2450 | www.WorldwideTravelStaffing.com

Description of Incident		
Provide a detailed account of the incident, including actions, words, gestures, and the impact on you and/or the targeted individual. Be sure to include any negative impacts the conduct had/has on your work performance.		
Actions Taken		
Have you reported this incident to anyone else? □ Yes □ No If yes, please provide details:		
What steps, if any, have you taken to address this incident?		

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Please utilize the area below or attach supplemental pages if more space is needed to complete this form:		
Signature:	Date:	