

Houston Fire Department Professional Standards Office (PSO) Questionnaire

SECTION I: This Grievance/Complaint is due to the following issue: (check all applicable items)

- | | |
|--|---|
| <input type="checkbox"/> Employee Performance Evaluation | <input type="checkbox"/> Promotional Bypass |
| <input type="checkbox"/> Counseling or Written Reprimand | <input type="checkbox"/> Overtime |
| <input type="checkbox"/> Conflict with Supervisor | <input type="checkbox"/> Work Assignment |
| <input type="checkbox"/> Working Out of Classification | <input type="checkbox"/> Bullying Behavior |
| <input type="checkbox"/> Other (Explain) _____ | |

SECTION II:

A. Is this grievance/complaint based on **Discrimination** or **Workplace Harassment**?

***Discrimination** includes, but is not limited to, decisions regarding employment that adversely affect an employee's pay, status, position, or assignment, including opportunities for overtime pay and advancement, and includes decisions regarding recruitment, appointment, compensation, promotion, discipline, demotion, transfers, layoff, recall, termination, and training opportunities.*

***Workplace harassment** includes, but is not limited to, any unwelcome verbal, written, or physical conduct that denigrates or shows hostility or aversion towards a person on the basis of a protected characteristic that: (1) has the purpose or effect of creating an intimidating, hostile, or offensive work environment; (2) has the purpose or effect of unreasonably interfering with an employee's work performance; or (3) affects an employee's employment opportunities or compensation.*

- Yes** **No**

B. If you believe you have been discriminated against or harassed based on your protected class, please indicate protected class(es):

- | | | |
|---|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Age | <input type="checkbox"/> Veteran's Status |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Gender | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Religion | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Ethnicity |

C. Is this grievance/complaint based on Sexual Harassment?

Sexual harassment includes, but is not limited to, any unwelcome sexual advances, unwelcome requests for sexual favors, unwelcome verbal comments of a sexual nature, unwelcome physical contact or touching, or unwelcome displays or distribution of sexually-oriented material. Sexual harassment is prohibited regardless of whether the parties are the same sex or the opposite sex or whether one or more parties are transgendered.

Yes **No**

D. Is this grievance/complaint based on Retaliation for a prior complaint?

Yes **No**

E. If you believe you are being retaliated against for a prior complaint, where did you¹ file the original complaint/grievance?

HFD Professional Standards Office/Administrative Investigations

City of Houston Office of Inspector General (OIG)

Equal Employment Opportunity Commission (EEOC)

Civil Rights Division of the Texas Workforce Commission

Other Federal or State Agency (_____)

Law Enforcement Agency (_____)

Complainant or Grievant (Please Print)

Complainant or Grievant Signature

Date Signed

Received By: _____
Professional Standards Office Member

¹ If you were not the original complainant but participated as a witness, please list the name of the individual(s) who filed the original complaint and indicate where you believe the complaint was filed.