SAG·AFTRA

Member Discrimination or Harassment
COMPLAINT QUESTIONNAIRE

CONTACT INFORMATION FOR MEMBER/COMPLAINANT: (Please Print)

I WISH TO REMAIN ANONYMOUS ☐

SAG-AFTRA NUMBER	LAST NAME	FIRST NAME	MID INT.	DATE COMPLETED		
				MO.	DAY	YEAR

MAILING ADDRESS	APT. #	CITY	STATE	ZIP CODE

CONTACT PHONE NUMBERS

HOME	BUSINESS	CELL

EMAIL ADDRESS

PERSON TO CONTACT IN THE EVENT I CANNOT BE REACHED OR HAVE MOVED	TELEPHONE NUMBER

THE COMPLAINT

1ST

I WISH TO COMPLAIN AGAINST: (NAME OF INDIVIDUAL, AGENCY OR OTHER)

LAST NAME	FIRST NAME	MID INT.	EMPLOYER/COMPANY	TITLE

MAILING ADDRESS	APT. #	CITY	STATE	ZIP CODE

TELEPHONE NUMBER

2ND

I WISH TO COMPLAIN AGAINST: (NAME OF INDIVIDUAL, AGENCY OR OTHER)

LAST NAME	FIRST NAME	MID INT.	EMPLOYER/COMPANY	TITLE

MAILING ADDRESS	APT. #	CITY	STATE	ZIP CODE

TELEPHONE NUMBER

I BELIEVE I WAS DISCRIMINATED AGAINST AND/OR HARASSED BECAUSE OF MY: (CHECK ALL THAT APPLY)

RACE ☐ AGE ☐ GENDER ☐ SEXUAL ORIENTATION ☐ NATIONALITY ☐ DISABILITY ☐ OTHER ☐

WHEN DID THE ALLEGED DISCRIMINATION AND/OR HARASSMENT OCCUR?	BY WHOM?

I BELIEVE I WAS SEXUALLY HARASSED	WHEN DID THE ALLEGED SEXUAL HARASSMENT OCCUR?	BY WHOM?
☐ YES ☐ NO		

FACTUAL OVERVIEW

Please provide a detailed factual overview of what YOU actually saw or experienced.
(Please use the back of this form and/or attach any additional sheets if necessary.)

POSSIBLE WITNESSES

List the names, addresses and telephone numbers (if possible) of witnesses, co-workers or others who know or should know (reasonable proximity) of information that support your claim(s). Explain what you think each witness will be able to tell us.

POSSIBLE WITNESS

LAST NAME	FIRST NAME	MID INT.	TITLE/RELATIONSHIP

TELEPHONE NUMBER	CAN PROVIDE INFORMATION REGARDING:

POSSIBLE WITNESS

LAST NAME	FIRST NAME	MID INT.	TITLE/RELATIONSHIP

TELEPHONE NUMBER	CAN PROVIDE INFORMATION REGARDING:

POSSIBLE WITNESS

LAST NAME	FIRST NAME	MID INT.	TITLE/RELATIONSHIP

TELEPHONE NUMBER	CAN PROVIDE INFORMATION REGARDING:

ADDITIONAL CONTACT

HAVE YOU RETAINED AN ATTORNEY REGARDING THIS PROBLEM?
IF YES, PLEASE LIST THE ATTORNEY'S CONTACT INFORMATION BELOW. ☐ YES ☐ NO

LAST NAME	FIRST NAME	MID INT.	TELEPHONE NUMBER

MAILING ADDRESS	APT. #	CITY	STATE	ZIP CODE

HAVE YOU RETAINED AN ATTORNEY REGARDING THIS PROBLEM?
IF YES, PLEASE LIST THE ATTORNEY'S CONTACT INFORMATION BELOW. ☐ YES ☐ NO

LAST NAME	FIRST NAME	MID INT.	TELEPHONE NUMBER

MAILING ADDRESS	APT. #	CITY	STATE	ZIP CODE

HAVE YOU FILED A COMPLAINT WITH EITHER THE UNITED STATES EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) OR YOUR STATE AGENCY (E.G. CALIFORNIA STATE'S DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING)? ☐ YES ☐ NO

PRINT NAME	SIGNATURE	DATE

Your signature represents that you consent to allow the SAG-AFTRA Equal Employment Opportunities and Diversity Department to contact productions, casting agencies and witnesses as named in this complaint, on your behalf, and for the purposes of obtaining information to assist in advising you of the actions or options necessary to resolve your complaint.

Your privacy is protected. All information provided is voluntary, kept confidential and used for internal purposes only.

CHECK THE APPROPRIATE BOXES WITH AN [X] ALL QUESTIONS AND ANSWERS ARE OPTIONAL.

RACE/ETHNICITY (select any and all that are applicable)

- ☐ ASIAN OR PACIFIC ISLANDER
- ☐ ARAB OR MIDDLE EASTERN
- ☐ BLACK OR AFRICAN AMERICAN
- ☐ LATINO OR HISPANIC
- ☐ CAUCASIAN
- ☐ SOUTH ASIAN
- ☐ NATIVE AMERICAN
- ☐ OTHER _____

SEXUAL ORIENTATION

- ☐ STRAIGHT
- ☐ GAY
- ☐ LESBIAN
- ☐ BISEXUAL

DISABILITY

- ☐ BLIND/VISION DISABILITY
- ☐ DEAF/HEARING DISABILITY
- ☐ DEVELOPMENTAL/INTELLECTUAL DISABILITY
- ☐ MOBILITY DISABILITY
- ☐ NONE
- ☐ OTHER _____

BIRTHDATE

- ☐☐ MONTH
- ☐☐ DATE
- ☐☐☐☐ YEAR

GENDER (select any and all that are applicable)

- ☐ FEMALE
- ☐ MALE
- ☐ TRANSGENDER
- ☐ INTERSEX

MEMBER CATEGORY*

- ☐ ACTOR/PERFORMER
- ☐ SINGER
- ☐ DANCER
- ☐ STUNT PERFORMER
- ☐ BROADCAST/NEWS & INFORMATION
- ☐ BROADCAST/ENTERTAINMENT
- ☐ RECORDING ARTIST

**For informational purposes and does not affect your official member category selection.*

Please be assured that SAG-AFTRA takes your complaint seriously and, if deemed appropriate, will take steps to immediately process your complaint. Your complaint will be held to the highest standards of confidentiality.

If you should have any questions about this form or the process, please contact SAG-AFTRA's EEO & Diversity Department:
Los Angeles Office: (323) 549-6644
New York Office: (212) 827-1542
Email: diversity@sagaftra.org

SAG-AFTRA
5757 Wilshire Blvd. 7th Floor
Los Angeles, CA 90036
SAGAFTRA.org

FACTUAL OVERVIEW CONTINUED

Please provide a detailed factual overview of what YOU actually saw or experienced.
(Please use the back of this form and/or attach any additional sheets if necessary.)