

WORK INTERFERENCE REPORT

To bring a complaint for work interference or harassment, please fill out the following form and return it to the Employment Opportunity Officer. ATTN: Desiree Seghetti, 14715 N. Dartford Dr. Spokane, Washington 99208

ATTENTION: Equal Employment Opportunity Officer

EMPLOYEE NAME: _____

Time and date of interference or harassment: _____

Place: _____

Fact #1: _____

Fact #2: _____

Fact #3: _____

Facts give basic information reporting who, what, when, where, why and how. Specific information will aid investigation of this report. Employee identity will be protected to the extent possible while allowing the investigation to proceed. The company will not tolerate retaliation against or intimidation of those making reports.

Signed: _____

Date: _____