

— **WORKPLACE HARASSMENT/DISCRIMINATION COMPLAINT FORM** —

(Please Print)

As discussed more fully in the Diversity, Equity, and Inclusion Policy (<https://ambition.pictures/diversity-equity-and-inclusion-hiring-vendor-policy>), Ambition Pictures and Second Draft Productions (the Company) are committed to providing a work environment that is free of discrimination and harassment. If you believe that you have experienced or have observed inappropriate workplace behavior, please fill out this form and return it to the following manager:

Name: Phillip Wade  
Phone: 971-273-9155  
Email: phillip@ambitionpictures.net

		Today's Date
Name-Last	First	Middle
Department	Job Title	
Individual(s) who engaged in conduct you believe violates the Company's policy against harassment:		
1.		
2.		
3.		

Describe the nature of your complaint. Include dates, time of day, locations where alleged conduct took place, names of any witnesses, and as much detail as possible:

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Identify all employees or others who may have knowledge of the conduct about which you are complaining, and please describe how these persons became aware of this conduct:

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Are there documents (e.g., photographs, e-mails, text messages, memoranda, video, audio tapes, etc.) that contain information supporting the occurrences described above? If yes, please describe and attach a copy to this form.

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Is there any other information that supports your complaint? If yes, please describe, and if possible, attach to this form.

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If the complained-of conduct has affected your ability to perform your job, please describe how.

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How do you believe this situation should be resolved?

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Have you previously complained about this alleged conduct or related conduct to a company employee, supervisor, or official? If so, please identify (a) the individual to whom you complained, (b) the date of the complaint, (c) the specific allegations of your previous complaint, and (d) the resolution of your previous complaint. Please attach copies of any documents, etc., related to the previous complaint, its investigation, and resolution.

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## ACKNOWLEDGMENT

To investigate your complaint, the Company will need to follow up with you, with the persons alleged to have engaged in misconduct, and any witness(es) with knowledge of your complaint. The company will do its best to discuss this only with those persons with a need to know and will take action to address any substantiated acts of harassment or discrimination, up to and including, termination of employment.

By completing this form, you hereby acknowledge that the information provided in this complaint is true and correct to the best of your knowledge. Please also be advised that your employer will not retaliate against you or any witness for participating in any good-faith complaint. Any acts of retaliation should be promptly reported to your supervisor or to Phillip Wade.

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Signature

Date