



**SCREEN
ACTORS
GUILD**

MEMBER DISCRIMINATION & HARASSMENT COMPLAINT QUESTIONNAIRE

CONTACT INFORMATION FOR MEMBER/COMPLAINANT: (Please Print)

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

STREET ADDRESS	APT. #	CITY	STATE	ZIP CODE
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CONTACT PHONE NUMBERS

HOME	BUSINESS	CELL
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EMAIL ADDRESS

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

1ST

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

LAST NAME	FIRST NAME	MID INT.	EMPLOYER/COMPANY	TITLE
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STREET ADDRESS	APT. #	CITY	STATE	ZIP CODE
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TELEPHONE NUMBER

2ND

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

LAST NAME	FIRST NAME	MID INT.	EMPLOYER/COMPANY	TITLE
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STREET ADDRESS	APT. #	CITY	STATE	ZIP CODE
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TELEPHONE NUMBER

POSSIBLE WITNESSES

List the names, addresses, telephone numbers (if possible) of witnesses, co-workers, or others you feel could provide evidence in support of your claims. 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 CONSULTED WITH OR RETAINED AN ATTORNEY REGARDING THIS PROBLEM? YES NO
IF YES, PLEASE LIST THE ATTORNEY'S CONTACT INFORMATION BELOW.

LAST NAME	FIRST NAME	MID INT.	TELEPHONE NUMBER		
STREET ADDRESS		APT. #	CITY	STATE	ZIP CODE

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

LAST NAME	FIRST NAME	MID INT.	TELEPHONE NUMBER		
STREET 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
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