



InnoVision Talent Agency Discrimination, Harassment, and Retaliation Prevention Policy Complaint Form

If you believe that you have been subjected to discrimination, harassment and/or retaliation in violation of InnoVision Talent Agency's policy, you are encouraged to complete the form below and submit it via email to InnoVision Talent Agency Talent Relations at: HR@InnoVisionTalentAgency.com. If you are more comfortable reporting verbally, you can submit a complaint by phone at 619-963-2820. You will not be retaliated against for filing a complaint.

You may request a printed version of this document at any time by emailing HR@InnoVisionTalentAgency.com located at 5961 Kearny Villa Road, San Diego, CA 92123.

Complainant information

Full Legal Name:

Address:

Phone:

Email:

Complaint information

1. Your complaint is made about:

Name:

Title:

Work Address:

Work Phone:

Relationship to you: ☐ Supervisor ☐ Co-Worker ☐ Other: _____

2. If the events occurred on a production on which you worked, what is the name of the production?

3. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

4. Date(s) incident occurred:

Is the conduct you are complaining about still continuing? ☐ Yes ☐ No

5. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:

The last question is optional, but may help the investigation.

6. Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information?

Signature

Date