Autor Admi Huma	nomous Mun nistration M an Resource <i>l'Employmen</i>	s Departmen <i>at Opportuni</i>	nment t <i>ty Off</i>	fice				
Date:		SCRIMIN			MPLAI Case Nur	NT FORM		
Name:								
-	Last Name First N					Middle		
Position:					artment:			
Address: _								
Status:		Regular		Co	ntract 🛛	Transi	tory 🛛	
Phone Nur	nber:				Email	:		
Home: () -	Work:	() -				
Which of th discriminat			es the	e reason	why you	understand	that	
🗌 Age					_	ironmental Ju		
Sex				Limited English Proficiency (LEP) Transfer				
Race Color				Compensation				
🛛 Nationa	l Origin				Classification			
Religion					Unemployment			
Political Affiliation					Service			
 Physical or Mental Disability (ADA) Workplace Harassment 					Persecution Others			
		tation? 🗆	Yes [] No		y's Name:		
Phone:	()		Ext.			Fax:	() -	
Address:								
There are eve	witnesses to	the facts Yes	.□ / No	o□. If Ye	, please fil	l out the followir	g information:	
	NAME		PHO			DEPART		
1.			()	-				
2.			()	-				
3.			()	-				
lf th	e witness i	is not an er	nploye	ee, pleas	e fill out	the following	information:	
	NAME		PHO	DNE		A D D R	ESS	
1.			()	-				
2.			()	-				
3.			()	-				

0	
	Ť.
-	
V	Na
C	arolina

Commonwealth of Puerto Rico Autonomous Municipal Government of Carolina Administration Management Human Resources Department *Equal Employment Opportunity Office*

Describe the information that is alleged in your own words. Include specific details, such as
name, dates, route numbers or any other information that helps the investigation.

Complainan	t
------------	---



Commonwealth of Puerto Rico Autonomous Municipal Government of Carolina Administration Management Human Resources Department Equal Employment Opportunity Office

2. Have you filed this complaint with other federal, state or local agency?, or in federal or state court?

Yes: 🛛 No: 🗆

3. If yes, check all that apply

☐ Federal Agency

□ State Agency

Local Agency

Federal Court

□ State Court

4. Please provide contract information about the person where the complaint was filed

Name:

Address:

Phone Number: ()

-

5. Please sing below. You may include any written material or other information that you understand is pertinent to your complaint.

PO BOX 8, CAROLINA, PR 00986-0008 | 787.757.2626 ext. 8243/8327 | Itavarez@carolina.pr.gov

Complaint Signature

Date

EEO Officer Signature

Date