



## DISCRIMINATION COMPLAINT FORM

Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name Name Middle

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Status:	Regular <input type="checkbox"/>	Contract <input type="checkbox"/>	Transitory <input type="checkbox"/>
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Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home: ( ) - \_\_\_\_\_ Work: ( ) - \_\_\_\_\_

Which of the following describes the reason why you understand that discrimination took place?

- |   |   |
|---|---|
| <input type="checkbox"/> Age<br><input type="checkbox"/> Sex<br><input type="checkbox"/> Race<br><input type="checkbox"/> Color<br><input type="checkbox"/> National Origin<br><input type="checkbox"/> Religion<br><input type="checkbox"/> Political Affiliation<br><input type="checkbox"/> Physical or Mental Disability (ADA)<br><input type="checkbox"/> Workplace Harassment | <input type="checkbox"/> Environmental Justice<br><input type="checkbox"/> Limited English Proficiency (LEP)<br><input type="checkbox"/> Transfer<br><input type="checkbox"/> Compensation<br><input type="checkbox"/> Classification<br><input type="checkbox"/> Unemployment<br><input type="checkbox"/> Service<br><input type="checkbox"/> Persecution<br><input type="checkbox"/> Others |
|---|---|

Has Legal Representation?  Yes  No Attorney's Name: \_\_\_\_\_

Phone:	( ) - _____ Ext. _____	Fax:	( ) - _____
Address:	_____ _____		

There are eyewitnesses to the facts Yes  / No . If Yes, please fill out the following information:

NAME	PHONE	DEPARTMENT
1.	( ) - _____	_____
2.	( ) - _____	_____
3.	( ) - _____	_____
If the witness is not an employee, please fill out the following information:		
NAME	PHONE	ADDRESS
1.	( ) - _____	_____
2.	( ) - _____	_____
3.	( ) - _____	_____





**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.**


\_\_\_\_\_  
**Complaint Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**EEO Officer Signature**

\_\_\_\_\_  
**Date**