



EEO INTERNAL COMPLAINT FORM

Return this form and any attachment(s) to the Office of Equal Employment Opportunity (EEO)

Print Full Name:		
Home Address:		
Personal Email:	Personal Phone Number:	
Work Email:	Alternative Phone Number:	
Date of Hire:	Work Phone Number:	
Job Title:	Department:	Facility/Work Location:
Employment Status <input type="checkbox"/> Group 11 (Managerial/Non-Unionized)	<input type="checkbox"/> Group 12 (Unionized) <input type="checkbox"/> Provisional <input type="checkbox"/> Probationary <input type="checkbox"/> Permanent	<input type="checkbox"/> Other <input type="checkbox"/> Affiliate Staff <input type="checkbox"/> Agency Staff <input type="checkbox"/> _____
Person(s) who have allegedly discriminated and/or retaliated against you:		
What is the basis of the alleged discrimination? Check <u>only</u> those that apply to your complaint:		
<input type="checkbox"/> Age <input type="checkbox"/> Alienage/Citizenship Status <input type="checkbox"/> Arrest/Conviction Record <input type="checkbox"/> Caregiver Status <input type="checkbox"/> Color <input type="checkbox"/> Credit History <input type="checkbox"/> Disability/Perceived Disability	<input type="checkbox"/> Familial Status <input type="checkbox"/> Gender/Sex <input type="checkbox"/> Gender Identity/Expression <input type="checkbox"/> Genetic Predisposition/Carrier Status <input type="checkbox"/> Marital/Partnership Status	<input type="checkbox"/> National Origin <input type="checkbox"/> Pregnancy <input type="checkbox"/> Race <input type="checkbox"/> Religion/Creed <input type="checkbox"/> Retaliation <input type="checkbox"/> Salary History <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Status as a Veteran or Active Military Service Member <input type="checkbox"/> Status as a Victim of Domestic Violence, Stalking, and/or Sex Offenses <input type="checkbox"/> Unemployment Status <input type="checkbox"/> _____		
Are you alleging retaliation? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes: Have you complained of or filed a previous EEO complaint? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, when? _____		
Have you assisted in and/or were involved in a previous EEO complaint? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, when? _____		
Have you filed a union grievance for the present complaint? <input type="checkbox"/> No <input type="checkbox"/> Yes		



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Have you filed a complaint about the alleged discrimination/retaliation with an external civil rights agency?

No

Yes. If yes, which agency? _____

Explanation of Complaint:

NOTE: Explain what discriminatory and/or retaliatory action(s) were taken against you. Be specific: include dates, names of individual(s) who committed discriminatory/retaliatory acts and where the discriminatory/retaliatory act(s) took place. Please include any evidence that supports the alleged act(s) of discrimination/retaliation. This statement may be amended to correct omissions. Please use extra pages if necessary.

Were there any witnesses to the alleged discrimination/retaliation? No Yes

If yes, please provide witnesses' names and contact information:

Confidentiality: All EEO complaints and investigations will be handled, to the extent possible, in a manner that will protect the privacy interests of those involved. While all internal EEO investigations will be conducted in a confidential manner, certain exceptions apply. In the course of an investigation, the assigned EEO personnel may discuss EEO matters with other individuals who may have information about a complaint. In addition, it may be necessary for the assigned EEO personnel to disclose certain information on a need to know basis. All persons with whom the Office of EEO interacts with concerning the complaint and its investigation are requested to refrain from discussing the complaint, to the extent possible, beyond their interaction with the Office of EEO.

I affirm that I have read the above completed complaint form and any attached pages, and that it is made in good-faith and is true to the best of my knowledge, information and belief; and that I have been informed about and/or understand my rights to file a complaint with a federal, state and local civil rights enforcement agency.

Signature

Date