

**State of West Virginia**  
**Equal Employment Opportunity**  
**50 Dee Drive**  
**Charleston, WV 25311**

**(304) 558-0400 Fax (304) 558-3861**

**INVESTIGATIVE COMPLAINT FORM**

This is a complaint form which may be submitted by the complainant to his/her EEO Counselor or Coordinator, or may be mailed directly to the WV Equal Employment Opportunity Office.

To complainant: Please fill out this form as completely as possible. Use additional sheets of paper as needed.

To EEO Counselors/Coordinators: The WV EEO Office must receive copies of all EEO complaints and supporting materials. Please contact the EEO Office if you have questions about this form.

---

**1. Name and Work Address of Complainant**

**Work Telephone Number**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**Other Telephone Numbers Where You Can Be Reached:**

\_\_\_\_\_

\_\_\_\_\_

**Address Where We May Contact You (If Different From Your Work Address)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. List the person(s) you believe discriminated against or harassed you.**

**Name**

**Work Address**

**Work Telephone Number**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Which of the following best describes why you believe you were discriminated against or Harassed?

- Age (40 & Above)  Race  Color  Disability  National Origin  Ancestry  
 Sex ( **Gender and/or**  **Sexual Harassment**)  Religion  Retaliation

**A complaint should be filed promptly following the alleged discriminatory act.**

4. On what date(s) did the alleged discrimination/harassment take place? \_\_\_\_\_

If there was continuing discrimination/harassment, indicate the dates.

Most recent \_\_\_\_\_ First occurrence \_\_\_\_\_

5. Explain **clearly** the events that occurred. When alleging discrimination, include how you believe you were treated differently from other persons at your workplace. You may attach any written documentation pertaining to this matter, such as emails or letters you received from your supervisor or manager.

---

---

---

6. List any witnesses, you believe had direct knowledge of your allegation that we may contact for additional information to support or clarify your complaint.

| <b>Name</b> | <b>Work Address</b> | <b>Work Telephone Number</b> |
|-------------|---------------------|------------------------------|
|-------------|---------------------|------------------------------|

---

---

---

7. What resolution do you seek?

| <b>Name</b> | <b>Work Address</b> | <b>Work Telephone Number</b> |
|-------------|---------------------|------------------------------|
|-------------|---------------------|------------------------------|

---

---

---

