## 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 Con	mplainant	Work Telephone Number		
			Other Telephone Numbers Where You Can Be Reached:		
	Address Where We May Contac Different From Your Work Add	et You (If			
2.	List the person(s) you believe discriminated against or harassed you.				
	Name W	ork Address	Work Telephone Number		

for additio Name	work Address ution do you seek?	Work Telephone Number				
for additio						
for additio						
•	For additional information to support or clarify your complaint.					
List carr	List any witnesses, you believe had direct knowledge of your allegation that we may contact					
your supervisor or manager.						
written documentation pertaining to this matter, such as emails or letters you received from						
believe you were treated differently from other persons at your workplace. You may attach ar						
Explain <b>clearly</b> the events that occurred. When alleging discrimination, include how you						
Most recen	t	First occurrence				
If there was continuing discrimination/harassment, indicate the dates.						
On what date(s) did the alleged discrimination/harassment take place?						
A complaint should be filed promptly following the alleged discriminatory act.						
□ Sex (□ Gender and/or □ Sexual Harassment) □ Religion □ Retaliation						
	□ Age (40 & Above) □ Race □ Color □ Disability □ National Origin □ Ancestry					
□ Age (40 &	Abova) D Page D Color D	D. 1				

Additional Comments:	
The State EEO complaint process allows investigators 45 calendar days	from their appointment
date to complete the investigation. Should the investigators be unable t	to complete their
investigation within the allotted time period, they may request an extent	tion from the State EEO
Director. Upon completion of the investigation, the investigative report	et will be submitted to the
agency approving authority for review. A decision should be rendered	within 15 working days.
I attest that the information provided is true and accurate to the best of	my knowledge.
Signature of Complainant	Date

**CC: STATE EEO OFFICE** 

9/2/10