



COMPLAINT FORM

Complainant's Full Name:

Title:

Phone Number: _____

E-mail: _____

Name of the person(s) who was (were) responsible for the alleged action:

Name of department / office involved:

Phone # _____

E-mail: _____

When and where did the alleged act(s) of discrimination occur?

Date: _____ Location _____

What was the category of the adverse action (Choose all that apply)?

<input type="checkbox"/> Hiring	<input type="checkbox"/> Training	<input type="checkbox"/> Reprisal / Retaliation
<input type="checkbox"/> Promotion	<input type="checkbox"/> Pay	<input type="checkbox"/> Reassignment
<input type="checkbox"/> Retirement	<input type="checkbox"/> Separation	<input type="checkbox"/> Performance / Evaluation
<input type="checkbox"/> Termination	<input type="checkbox"/> Work Assignment	<input type="checkbox"/> Suspension
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Reprimand	<input type="checkbox"/> Work Conditions
<input type="checkbox"/> Harassment	<input type="checkbox"/> Work Hours	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Awards	<input type="checkbox"/> Other	

What do you believe motivated the discrimination?

<input type="checkbox"/> Race	<input type="checkbox"/> Religion	<input type="checkbox"/> Sex	<input type="checkbox"/> National Origin	<input type="checkbox"/> Parenthood
<input type="checkbox"/> Color	<input type="checkbox"/> Disability	<input type="checkbox"/> Age	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Retaliation/Reprisal	<input type="checkbox"/> Sexual Orientation			
<input type="checkbox"/> Veteran Status	<input type="checkbox"/> Genetic Information			



OFFICE OF DIVERSITY & EQUAL OPPORTUNITY

List all records or documents that may support your allegation:

List below any person(s), witness(es), fellow employee(s), supervisor(s), or others that may be contacted for additional information to support or clarify your complaint:

NAME:

DEPARTMENT:

PHONE / E-MAIL:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In order to resolve your complaint, what remedy do you seek?

I have been advised of the internal and external avenues of redress and that I may have the right to representation during all phases of my complaint of alleged discrimination.

Signature of Complaint

Date