

14CR019E-001

OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Discrimination Complaint Form

Employee



Please print

Name	User Identification number
Work location	Work phone
Classification	Division
Immediate supervisor	
Address	

BASIS OF DISCRIMINATION (CHECK ONE.):

- Age Color Race Religion Sex National origin
 Physical/mental disability Political belief Retaliation

EMPLOYEE'S STATEMENT OF ALLEGED DISCRIMINATORY ACT(S):

State your specific complaint. Describe in detail all pertinent facts regarding your complaint. Include specific occurrences, date of occurrence, names of individual(s) involved, date and content of any discussion with supervisor(s). Use back of form if additional space is needed.

Employee's proposed resolution. What corrective measure do you seek?

Employee Signature

Date

Return original to: Office for Civil Rights
 P.O. Box 25352
 Oklahoma City, OK 73125-9975