Equal Employment Opportunity (EEO)
Discrimination Charge Form

1. Classification of Charge:

- ☐ Age
- ☐ Disability
- ☐ Equal Pay/Compensation
- ☐ Genetic Information
- ☐ Harassment
- ☐ National Origin
- ☐ Pregnancy
- ☐ Race/Color
- ☐ Religion
- ☐ Retaliation
- ☐ Sex
- ☐ Sexual Harassment
- ☐ Other Protected Classification: _____

(Please Type or Print)

2. Name: _____
   Last First Middle
3. Division/Section: _____
4. Job Title: _____
5. Email Address: _____
6. Mailing Address: _____
7. Residential Address: _____
   _____
8. Work Phone: _____
9. Home Phone: _____
10. Cellular Phone/Other Contract Numbers: _____
11. Contact Person if we are unable to reach you:
    Name: _____
    Relationship: _____
    Mailing Address: _____
    Contact Numbers: _____
12. I believe that I was harassed or discriminated against by the following individual:
    Name: _____
    Job Title: _____
    Division: _____

(For Questions 13 & 14, please add additional sheets if necessary)

13. Explain how you believe you were harassed or discriminated against:
    _____
    _____
    _____
14. Please indicate below any witnesses to the alleged incident(s) of discrimination or harassment:
    _____
    _____
    _____

_____ _____
Signature of Charging Party Date