



Equal Employment Opportunity (EEO) Complaint Form



1. Protected Classification:

Age

Retaliation

Disability

Sex

Genetic Information

Sexual Orientation

National Origin

Ancestry

Pregnancy

Honorably Discharged Veteran/Military Status

Race/Color

Other Protected Classification:

Religion

(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 Contact Numbers: _____

11. Contact Person if we are unable to reach you:

Name: _____

Relationship: _____

Mailing Address: _____

Contact Numbers: _____

12. I believe that I was harassed, discriminated, or retaliated 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, discriminated, or retaliated against:

14. Please indicate below any witness(es) to the alleged incident(s) of discrimination, harassment, or retaliation:

Signature of Complainant

Date

