

EXAMPLE

Discrimination Complaint Form

To: Agency EEO/AA Officer

Name of Agency

1. Name _____ Telephone _____
Home Address _____

2. Are you currently employed by the agency? Yes _____ No _____

3. Indicate your present job title, status, work unit, address, telephone number and length of service in your current title:

Job Title	Status	Unit
_____	_____	_____
Location	Phone Number	Length of Service in Classification
_____	_____	_____

4. Date of the alleged discriminatory practice: _____

5. Basis of the alleged discriminatory practice:

- Race Color Sex Religion Age Disability
 National Origin Ancestry Marital Status Military Status Pregnancy
 Retaliation Sexual Orientation Other _____

6. The discrimination occurred in connection with:

- Interview Hiring Selection Promotion Disciplinary Action
 Compensation Transfer Lay Off Training Opportunity
Other (specify) _____

7. The facts of the alleged discriminatory employment practice are:

(Continue on additional sheets, if necessary)

8. Name(s), Title(s), Work Location(s) and Telephone Number(s) who you believe discriminated against you.

Name	Title	Location	Phone Number
_____	_____	_____	_____
Name	Title	Location	Phone Number
_____	_____	_____	_____

9. Please supply evidence to document the basis for the discriminatory practice you are claiming, as indicated in your response to number five of the form.

I have attached supporting evidence: Yes _____ No _____ If yes, describe attachments:

(Continue on additional sheets, if necessary)

10. Have you made an effort to resolve the discrimination through your supervisors, the grievance procedure or with any public or private organization? Yes _____ No _____

If yes, please explain indicating the outcome of the efforts:

(Continue on additional sheets, if necessary)