



## EEO Complaint Form

Human Resources Division

Employee Relations & Organizational Development Department

*An Equal Opportunity and Equal Access Institution*

Please complete this form in its entirety. This will assist the AA/EEO Officer to better understand and process your complaint. You will be referred to as the Complainant, the one who is filing the complaint, throughout the process.

### SECTION 1: COMPLAINANT INFORMATION

Last, First Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Department Chair/Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### SECTION 2: RESPONDENT OR ACCUSED INFORMATION

Who is this complaint against? Explain the relationship between you and the accused (working relationship, personal/intimate, etc.)

Name	Work Relationship	Contact Information (e.g., email, phone, etc.)

### SECTION 3: ALLEGATION OF DISCRIMINATION

**Select all protected categories that are applicable to your complaint.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Age             | <input type="checkbox"/> Color              | <input type="checkbox"/> Disability          |
| <input type="checkbox"/> Ethnicity       | <input type="checkbox"/> Gender             | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Race               | <input type="checkbox"/> Religion            |
| <input type="checkbox"/> Retaliation     | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Veteran Status      |



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### **SECTION 4: INCIDENT DETAILS**

Explain the circumstances surrounding your complaint. Include the time, date, the location of the alleged incident, and the applicable protected category you selected in SECTION 3, along with how you felt at the time of the incident. *(Please use additional pages as needed).*

**Category:**

**Date (Month/Day/Year):**

**Time (am/pm):**

**Details:**

**Category:**

**Date (Month/Day/Year):**

**Time (am/pm):**

**Details:**

**Category:**

**Date (Month/Day/Year):**

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#### SECTION 5: WITNESSES/ASSOCIATIONS TO INCIDENT

List any persons who may have information related to your complaint. Include witnesses to the incident(s) or anyone to whom you may have confided.

Name	Job Title	Contact Phone #	Relationship to You

#### SECTION 6: SUPPORTING DOCUMENTATION

Do you have any *direct evidence* to support your complaint? (e.g., emails, text messages, recorded conversations, performance evaluations, police reports, etc.)      Yes                      No

Date Obtained:	Evidence Type	Protected Category (How does it provide proof?)

What outcome(s) are you seeking?

Your signature certifies that the information you have provided on this form and any attachments are true and accurate to your knowledge and belief. You further certify that the information contained does not constitute a frivolous or unwarranted allegation of discrimination. In addition, you acknowledge that you have received a copy of the following checked information:

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of AA/EEO Officer: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Date Received:	Comments:
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