Office of Equal Employment Opportunity
EEO Complaint Form

1. **COMPLAINANT INFORMATION** **TODAY'S DATE:** _____

NAME:

Preferred POSTAL mailing address:
Preferred EMAIL address:

Telephone Numbers: Mobile: Home:
Work:

2. **Name of Department:**
3. **What is your title / position?**
Old position: New position:
Number of years with City?

4. **Name of immediate Supervisor(s):**

RESPONDENT INFORMATION: The "Respondent" is the person(s) about whom you are writing this complaint.

5. **NAME(S) OF RESPONDENT(S):**

6. **Date(s) of Alleged Violation(s):**

7. **Place of Alleged Violation(s):**

8. **Basis of Complaint (Check OR Circle all that apply)**

Answer this portion ONLY if you believe you've been discriminated against on the basis of your:
(Circle or place an "X" by all that apply)

Race:	(Please specify)
Color:	(Please specify)
Sex/Gender:	
Age:	(If checked, then indicate your date of birth)
National Origin:	(Please specify)
Disability:	
Religion:	(please specify)
Sexual Harassment:	
Sexual Orientation:	

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8. **Nature of Charge: (Circle or place an "X" by all that apply)**
   Hiring / Promotion:
   Discharge / Termination:
   Training:
   Qualification / Testing:
   Intimidation / Reprisal:
   Harassment:
   Hostile Work Environment:

9. **Have you filed a grievance or spoken with a Union rep. regarding issues related to this complaint?**

   Yes _____ No _____ N/A _____

IF YOU DO NOT COMPLETE THE FOLLOWING QUESTION, YOUR COMPLAINT CANNOT BE PROCESSED.

10. **Please explain the circumstances of the situation or alleged discrimination and how you were Discriminated against. Indicate who was involved and be sure to include how other people were treated differently from you.**

Attach Additional Pages, as Necessary



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11. **Have You Brought These Events To Anyone Else's Attention? If So, Please State Who & When The Events Were Brought To Their Attention?**

12. **Please list any witnesses, including fellow employees, supervisors, or others we may contact for additional information to support or clarify your complaint.**

PLEASE SIGN & DATE FORM

Signature: **Date:**