

Employee Discrimination Complaint Form



I. INFORMATION ABOUT YOU

Charge No. _____

NAME: _____ DEPARTMENT: _____

JOB TITLE: _____ BEST CONTACT NUMBER: _____ EMAIL: _____

LAST 4 DIGITS SS#: _____ SUPERVISOR: _____

ADDRESS: _____

II. ALLEGED DISCRIMINATOR(S) *Who is your complaint against? : (Complete this section and attach additional sheets if necessary)*

NAME 1: _____ JOB TITLE: _____ DEPARTMENT: _____

NAME 2: _____ JOB TITLE: _____ DEPARTMENT: _____

NAME 3: _____ JOB TITLE: _____ DEPARTMENT: _____

III. COMPLAINT DETAILS *What is your concern related to: (Briefly State...)*

1. What has happened that you believe is discriminatory?

2. When and where did the incident(s) occur that you believe was/were discriminatory? Give specific dates, time and locations as appropriate.

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III. COMPLAINT DETAILS CONTINUED

3. Were there any witnesses to this specific event(s)? If yes, please provide their names and contact information if known.

4. Do you have any evidence that supports your complaint? If so, please describe or attach copy of supporting documents.

IV. COMPLAINT BASIS *Which of the following types of discrimination best describes the discrimination you believe occurred?
(Check all basis(es) that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender Expression | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion | <input type="checkbox"/> Pregnancy (including childbirth, Lactation or other related medical conditions) |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Disability | <input type="checkbox"/> Genetic Health Information |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Age 40+ | <input type="checkbox"/> Uniformed Service Member |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Citizenship | <input type="checkbox"/> Veterans Status |
-

*Retaliation

**Retaliation means you suffered some type of adverse action or unfair treatment because you filed a discrimination complaint at an earlier time, or you complained or opposed/spoke-out about discrimination at an earlier time, or you were a witness or participated in someone's discrimination complaint at an earlier time.*

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V. COMPLAINT RESOLUTION *(Complete this section and attach additional sheets if necessary)*

8. What would you accept as a reasonable resolution to your complaint?

9. Are you interested in engaging in Alternate Dispute Resolution strategies to resolve this complaint?

Yes No

VI. Signature and Acknowledgements

**The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the Department of Diversity and Civil Rights Compliance deems relevant.*

Signature _____

Date _____
