



OFFICE OF EQUAL OPPORTUNITY AND DIVERSITY PROGRAMS

Date of Complaint: _____

Case No.: _____

NAME (Indicate Mr.,Ms.,Mrs.)			POSITION		
Last Name	First Name	Middle			
DEPARTMENT			WORKING HOURS		
HOME- STREET ADDRESS			HOME TELEPHONE	DATE OF BIRTH	RACE/SEX
CITY, STATE AND ZIP CODE			CELLULAR		WORK TELEPHONE
OTHER EMERGENCY TELEPHONE/MOBILE NUMBER:					
NAME OF PERSON(S) WHO DISCRIMINATED AGAINST YOU					
NAME				Title	
NAME				Title	
NAME				Title	
BASIS FOR COMPLAINT (circle all that apply)			HAVE YOU FILED A COMPLAINT WITH ANOTHER OFFICE OR ENTITY?		
RACE	NATIONAL ORIGIN	SEXUAL HARASSMENT	YES NO		
COLOR	AGE	RETALIATION	If yes, list name of office or entity.		
SEX/GENDER	DISABILITY	_____			
RELIGION	MARITAL STATUS	Date Filed: _____			
FAMILIAL STATUS	SEXUAL ORIENTATION	Case/File No.: _____			



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PLEASE PROVIDE DETAILS REGARDING THE NATURE OF YOUR COMPLAINT, INCLUDING THE NAMES OF PERSONS INVOLVED, DATES AND NATURE OF THEIR INVOLVEMENT, AS WELL AS A DESCRIPTION OF ANY RELEVANT DOCUMENTATION.

COMPLAINANT SEEKS THE FOLLOWING:

COMPLAINANT'S SIGNATURE _____

EODP REPRESENTATIVE – SIGNATURE _____

DATE: _____

PRINT NAME: _____