



Charge of Discrimination Complaint Equal Employment Opportunity Office

Name: _____
Last First MI EIN: _____

Home Address: _____
City, State, Zip Code

Home Phone: _____

Personal Email _____

Facility Work Site: _____

Work Address: _____
City, State, Zip Code

Work Phone: _____ Extension: _____

Work Email: _____

Immediate Supervisor: _____ Title: _____

Supervisor Mail: _____

Supervisors Phone: _____ Extension: _____

TYPE OF COMPLAINT: (check all charges that apply)

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sex | <input type="checkbox"/> National Origin | <input type="checkbox"/> Age | <input type="checkbox"/> Political Affiliation |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religion | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Disability | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Hostile Work Environment | |
| <input type="checkbox"/> Other _____ | | | | |

DESCRIPTION OF CHARGE(S):

Date(s) of alleged incident(s): _____

Location(s) of alleged incident(s): _____

Name(s)/Title(s) of alleged harasser(s): _____

Witnesses: (provide name, titles, and phone numbers, if known) _____

Date(s) reported to Management, i.e., supervisor, HRO, Unit Head: (if applicable)

Management's Action(s): (if applicable) _____

COMPLAINT DESCRIPTION: (attach additional page(s) if needed)



**By signature below, I affirm the above is true to the best of my knowledge, information, and belief.
I also give permission to release to the Department of Corrections Human Resources' Equal Employment Opportunity Office, Special Investigations Unit, and Attorney General's Office all personnel or medical records, deemed necessary to investigate my complaint.**

Signature

Date

For Agency Use Only

Investigator(s) Assigned:

Date Received:

EEO Case Tracker #:

Disposition:

Date Closed:

Submit to the DOC Office of Human Resources, EEO Unit

