

**ADS EQUAL EMPLOYMENT OPPORTUNITY UNIT**

**COMPLAINT FORM**

Name of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Unit/Depart. Name: \_\_\_\_\_ Worksite/Depart. Address: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Nature of Complaint: ( ) Discrimination; ( ) Harassment; ( ) Retaliation; ( ) Other \_\_\_\_\_

Protected Class or Activity: \_\_\_\_\_

Name of Alleged Wrongdoer(s): \_\_\_\_\_

Relationship of Wrongdoer(s) to Complainant, if any: \_\_\_\_\_

Date of Incident(s): \_\_\_\_\_

---

**DESCRIPTION OF COMPLAINT** *(use reverse side if necessary):*

---

---

---

---

---

---

**SPECIFIC REMEDY REQUESTED:** \_\_\_\_\_

---

---

---

Was this complaint filed with any other enforcement agency (i.e., CHRO, EEOC, Union, Other)  
( ) Yes ( ) No If yes, with whom and Date Filed: \_\_\_\_\_/\_\_\_\_\_

---

I hereby declare that all statements made herein are true and accurate to the best of my knowledge.

---

\_\_\_\_\_/\_\_\_\_\_  
Signature of Complainant Date

