



**INTERNAL DISCRIMINATION COMPLAINT**  
 For Current/ Prospective CHRO Employees and Persons Doing Business with CHRO  
 CHRO Form IDC-1

COMPLAINANT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
(Circle One: Work, Cell, Home)

RACE: \_\_\_\_\_ GENDER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

UNIT/CREW/LOCATION: \_\_\_\_\_

**IMMEDIATE SUPERVISOR**

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
(Circle One: Work, Cell, Home)

JOB TITLE: \_\_\_\_\_

**RESPONDENT/ALLEGED VIOLATOR:**

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
(Circle One: Work, Cell, Home)

RACE (If Known): \_\_\_\_\_ GENDER (If Known): \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_ DEPT./UNIT /LOCATION: \_\_\_\_\_

**RESPONDENT/ALLEGED VIOLATOR:**

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
(Circle One: Work, Cell, Home)

RACE (If Known): \_\_\_\_\_ GENDER (If Known): \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_ DEPT./UNIT /LOCATION: \_\_\_\_\_

**RESPONDENT/ALLEGED VIOLATOR:**

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
(Circle One: Work, Cell, Home)

RACE (If Known): \_\_\_\_\_ GENDER (If Known): \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_ DEPT./UNIT /LOCATION: \_\_\_\_\_

**WITNESS:**

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
(Circle One: Work, Cell, Home)

JOB TITLE: \_\_\_\_\_ DEPT./UNIT /LOCATION: \_\_\_\_\_

**WITNESS:**

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
(Circle One: Work, Cell, Home)

JOB TITLE: \_\_\_\_\_ DEPT./UNIT /LOCATION: \_\_\_\_\_

**WITNESS:**

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
(Circle One: Work, Cell, Home)

JOB TITLE: \_\_\_\_\_ DEPT./UNIT /LOCATION: \_\_\_\_\_

**I was:**

- |  |  |
|--|--|
| <input type="checkbox"/> terminated                            | <input type="checkbox"/> not hired             |
| <input type="checkbox"/> not promoted                          | <input type="checkbox"/> suspended             |
| <input type="checkbox"/> harassed                              | <input type="checkbox"/> placed on probation   |
| <input type="checkbox"/> earning a different rate of pay       | <input type="checkbox"/> demoted               |
| <input type="checkbox"/> given a poor evaluation               | <input type="checkbox"/> denied a raise        |
| <input type="checkbox"/> less trained                          | <input type="checkbox"/> warned                |
| <input type="checkbox"/> retaliated against                    | <input type="checkbox"/> sexually harassed     |
| <input type="checkbox"/> subjected to hostile work environment | <input type="checkbox"/> discriminated against |
|  | <input type="checkbox"/> other _____           |



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on \_\_\_\_\_ (date) and believe that the action(s) were on the basis of my:

- |  |   |
|--|---|
| <input type="checkbox"/> race _____                          | <input type="checkbox"/> transgender status _____   |
| <input type="checkbox"/> color _____                         | <input type="checkbox"/> expression of gender identity _____  |
| <input type="checkbox"/> religious creed _____               | <input type="checkbox"/> genetic background _____   |
| <input type="checkbox"/> age (please indicate age) _____     | <input type="checkbox"/> mental disability _____  |
| <input type="checkbox"/> sex (gender) _____                  | <input type="checkbox"/> intellectual disability _____  |
| <input type="checkbox"/> pregnancy or breastfeeding _____    | <input type="checkbox"/> physical disability _____  |
| <input type="checkbox"/> learning disability _____           | <input type="checkbox"/> marital status _____   |
| <input type="checkbox"/> national origin _____               | <input type="checkbox"/> prior criminal record (in state employment and licensing and consideration of any criminal record in violation of the state's Clean Slate Act) _____ |
| <input type="checkbox"/> ancestry _____                      | <input type="checkbox"/> veteran status _____   |
| <input type="checkbox"/> sexual orientation _____            | <input type="checkbox"/> domestic violence _____  |
| <input type="checkbox"/> opposing a discriminatory act _____ | <input type="checkbox"/> participation in a discrimination investigation _____  |
| <input type="checkbox"/> other _____                         |   |

**SUMMARY OF COMPLAINT**

*Please print legibly or type. Please list specific allegations or examples including names, dates, locations, times, etc. If necessary, please indicate any additional sheets that are attached.*

\_\_\_\_\_  
**Complainant's Signature**

**DATE:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_