

DEPARTMENT OF ADMINISTRATIVE SERVICES

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: _____/_____
