



INTERNAL DISCRIMINATION COMPLAINT

For Current DOL Employees and Prospective DOL Employees Only
DOL 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:

- ( ) terminated ( ) not hired
( ) not promoted ( ) suspended
( ) harassed ( ) placed on probation
( ) earning a different rate of pay ( ) demoted
( ) given a poor evaluation ( ) denied a raise
( ) less trained ( ) warned
( ) retaliated against ( ) sexually harassed
( ) subjected to hostile work environment ( ) discriminated against
( ) other



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

- race \_\_\_\_\_
- color \_\_\_\_\_
- religious creed \_\_\_\_\_
- age (please indicate age) \_\_\_\_\_
- sex (gender) \_\_\_\_\_
- pregnancy or breastfeeding \_\_\_\_\_
- learning disability \_\_\_\_\_
- national origin \_\_\_\_\_
- ancestry \_\_\_\_\_
- sexual orientation \_\_\_\_\_
- opposing a discriminatory act \_\_\_\_\_
- other \_\_\_\_\_
- transgender status \_\_\_\_\_
- expression of gender identity \_\_\_\_\_
- genetic background \_\_\_\_\_
- mental disability \_\_\_\_\_
- intellectual disability \_\_\_\_\_
- physical disability \_\_\_\_\_
- marital status \_\_\_\_\_
- prior criminal record \_\_\_\_\_
- veteran status \_\_\_\_\_
- domestic violence \_\_\_\_\_
- participation in a discrimination investigation \_\_\_\_\_

### 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:** \_\_\_\_\_