



Revised 7/20/2016

EEO COMPLAINT FORM

Employee Name: _____ **Personnel #:** _____

Office: _____ **Location:** _____

Respondent Name: _____

Name(s) of Person(s) allegedly discriminating: _____

Date Alleged Discrimination Occurred: _____

Detailed Description of Complaint (Include Witnesses' Names): Use additional sheets if necessary

Relief Sought: Use additional sheets if necessary

Employee Signature _____ **Date Signed** _____

PLEASE SUBMIT COMPLETED EEO COMPLAINT FORM TO THE HR DIRECTOR