



HR-76

Revised 2/2022

EEO COMPLAINT FORM

Employee

Name: _____ **Personnel #:** _____

Office: _____ **Location:** _____

Respondent

Name: _____

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

Date Alleged Discrimination Occurred: _____

Type of Discrimination Alleged (check one):

- | | |
|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Race |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Religious Belief |

Detailed Description of Complaint (Include Witnesses' Names, Dates, Times, Documented Evidence and any other specific information that supports the complaint): 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