



EEO Complaint Intake Form

Employee Name: _____

Job Title: _____

Union Position: Yes ____ No ____ Union Name: _____

Department/Division: _____ Contact #: _____

Supervisor: _____ Hire Date: _____

Discrimination: Basis of Alleged Discrimination: (Please check and specify)

- | | | |
|--|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Disability | <input type="checkbox"/> Creed |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Race | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Sex (Gender) |
| <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Color | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Use of Service Animal | | |

Employee's Statement: Please provide a description of the event(s) that cause you to believe you have been discriminated against. Include the date(s): (Use additional paper if necessary)

Retaliation: If you believe an adverse employment action has been taken against you for exercising a right protected by the EEO policy (such as for filing a discrimination complaint or participating in an investigation), please indicate what your protected activity was, when you engaged in that activity, what adverse employment action has occurred, and why you believe that action is retaliatory: (Use additional paper, if necessary)

Remedy Requested: (use additional paper, if necessary)

I understand that I may also have the right to file a complaint with the Federal Equal Employment Opportunity Commission or the State Human Rights Commission.

Employee Signature

Date