

4. Tell us about the incident(s):

- Explain briefly what happened and how you were discriminated against.
- Provide the date(s) when the incident(s) occurred.
- Indicate who discriminated against you. Include names and titles if possible.
- If other people were treated differently than you, tell us how they were treated differently.
- Attach any documents that you think might help us better understand your complaint.

5. Please list below any person(s) (witnesses) that we may contact for additional information to support or clarify the complaint.

Name	Address	Phone

6. Basis for the discrimination:

- Check the type of discrimination you experienced, such as age, race, color, national origin, disability, etc.
- If you believe more than one basis was involved, you may check more than one box:

- | | |
|--|--|
| <input type="checkbox"/> Age- <i>provide date of birth:</i>
<input type="checkbox"/> Color
<input type="checkbox"/> National Origin
<input type="checkbox"/> Political Belief
<input type="checkbox"/> Retaliation
<input type="checkbox"/> Gender - <i>Specify</i> <input type="checkbox"/> F <input type="checkbox"/> M
<input type="checkbox"/> Race - <i>indicate race:</i>

<input type="checkbox"/> of Hispanic or Latino origin <input type="checkbox"/> not of Hispanic or Latino origin | <input type="checkbox"/> Citizenship or status as alien US Worker
<input type="checkbox"/> Disability
<input type="checkbox"/> Political Affiliation
<input type="checkbox"/> Religion
<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Status as a program participant under the Workforce Investment Act of 1998
<input type="checkbox"/> Other (<i>Specify</i>): |
|--|--|

7. Have you previously filed a complaint against this person(s)/entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES , answer the questions below, if NO move to section 8.	
a. Was your complaint in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. On what date did you file the complaint?	
c. Name of office where you filed your complaint:	
Address: _____	
City: _____	State _____ ZIP Code _____
Phone number: () -	
Contact person (if known): _____	
d. Have you been provided a final decision or report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you marked "YES", please attach a copy of the complaint.	

8. What corrective action or remedy do you seek? Please explain:

9. Choosing a personal representative:	
<ul style="list-style-type: none"> ▪ You may choose to have someone else represent you in dealing with this complaint. It may be a relative, friend, union representative, an attorney or someone else. ▪ If you choose to appoint someone to represent you, all of our communication to you will be routed through your representative. 	
Do you want to authorize a personal representative to handle this complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES , complete the section below. If NO , go to Section 10.	
AUTHORIZATION OF PERSONAL REPRESENTATIVE	
I wish to authorize the individual identified below to act on my behalf as my personal representative, in matters such as mediation, settlement conferences, or investigations regarding this complaint.	
Name: _____	
<input type="checkbox"/> I am an attorney representing the complainant. <input type="checkbox"/> I am not an attorney representing the complainant.	
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
Phone : () -	Fax: () -
E-mail: () -	

10. Alternate Dispute Resolution (ADR) also known as mediation.

Notice: You must indicate if you wish to mediate your case. The EEO Office cannot begin to process your complaint until you have made a selection. Please check **YES** or **NO** in the spaces below.

- Mediation is an alternative to having your complaint investigated.
- Neither party loses anything by mediating.
- The parties to the complaint review the facts, discuss opinions about the facts, and strive for an agreement that is satisfactory for both.
 - Agreement to mediate is not an admission of guilt by the person(s)/entity that you claim discriminated against you.
 - Mediation is conducted by a trained, qualified and impartial mediator.
 - You (or your Personal Representative) have control to negotiate a satisfactory agreement.
 - **Terms of the agreement are signed by the complainant and the person(s)/entity that you claim discriminated against you.**
 - **Agreements are legally binding on both parties.**
 - If an agreement is not reached, a formal investigation will start.
 - Failure to keep an agreement will result in a formal investigation.
 - A formal investigation will be opened if retaliation is reported.

- **Do you wish to mediate your complaint?**
(Please check only one box)

YES, I want to mediate. **NO**, please investigate.

If you select “YES” you will be contacted within five business days with more information.

11. Complainant’s signature:

You must sign this form for your complaint to be processed!

- Faxed or otherwise electronically delivered complaints will be logged into our system; however, an official investigation cannot begin until the original, signed copy is received.

Signature:

Date: