Department of Public Safety and Correctional Services

Internal Complaint of Discrimination

INSTRUCTIONS: Please choose one of the following to complete this form: (1) Complete form on computer and then print-out and mail in or (2) Print form and complete by hand and then mail in.

Contact Information:

First Name:

Last Name:

Position:

Race:

Gender:

Home Address: (Please notify OEO of change of address and/or telephone number during the course of the investigation)

Street:

City:

Zipcode:

Work phone #:

Home/Cell #:

Assignment/Agency Division:

Data Relating to the Complaint

Incident Date:

Time of Day:

☐ AM

☐ PM

Incident Location:

The issue(s) involved was: (Check all that apply)

☐ Discipline

☐ Wages

☐ Promotion

☐ Sexual Harassment

☐ Sexual Harassment

☐ Termination

☐ Layoff

☐ Denial of Reasonable Accommodation

☐ Transfer

☐ Terms/Conditions

☐ Retaliation for participating in a discrimination complaint

☐ Other, please specify:

Protected Class Identified:

The alleged discrimination was based on (at least one must be checked):

- ☐ Race
- ☐ Color
- ☐ Age
- ☐ Gender
- ☐ Creed
- ☐ Marital Status
- ☐ Sex
- ☐ National Origin
- ☐ Physical/Mental Disability
- ☐ Gender identity & Expression
- ☐ Political Affiliation or Opinion
- ☐ Religious Affiliation
- ☐ Sexual Orientation
- ☐ Genetic Information

Name of Accused:

First: _____ Last: _____

Brief Outline of the Complaint:

_____

Witnesses' Name and Phone information:

First: _____ Last: _____

First: _____ Last: _____

First: _____ Last: _____

AFFIRMATION

I affirm that I have read the above charge and I agree that it is true to the best of my knowledge, information and belief. I also affirm that I have read the section entitled "**How to File a Complaint"** concerning my rights to file a complaint with federal and state civil rights enforcement agencies at any time before or after I file an internal complaint with the EEO Office, and am aware of my filing deadlines for those agencies. Be advised that proven false statements are punishable by disciplinary action up to and including termination.

Signature: _____

Date form completed: _____