



**Charge of Discrimination Complaint Form**  
**Equal Employment Opportunity Office**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_  
*City, State, Zip Code*

Home Phone: \_\_\_\_\_

Agency Work Site: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_  
*City, State, Zip Code*

Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Supervisors Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

**TYPE OF COMPLAINT:** *(check appropriate charge/charges)*

- |   |  |  |                                     |  |
|---|--|--|-------------------------------------|--|
| <input type="checkbox"/> Race           | <input type="checkbox"/> Sex             | <input type="checkbox"/> National Origin | <input type="checkbox"/> Age        | <input type="checkbox"/> Political Affiliation |
| <input type="checkbox"/> Color          | <input type="checkbox"/> Religion        | <input type="checkbox"/> Retaliation     | <input type="checkbox"/> Disability | <input type="checkbox"/> Sexual Orientation    |
| <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Other _____     |                                     |  |

**DESCRIPTION OF CHARGE(S):**

Date of alleged incident(s): \_\_\_\_\_

Name(s) of alleged harasser(s): \_\_\_\_\_

Witnesses: *(provide name, titles, and phone numbers)* \_\_\_\_\_

Date(s) reported to Supervisor: *(if applicable)* \_\_\_\_\_

Supervisor's Action: *(if applicable)* \_\_\_\_\_

**COMPLAINT DESCRIPTION:** *(attach additional page(s) if needed)*

**By signature below, I affirm the above is true to the best of my knowledge, information and belief.**

**I also give permission to release to the Department of Corrections Human Resources' Equal Employment Opportunity Office, Special Investigations Unit, and Attorney General's Office any and all personnel or medical records, deemed necessary to investigate my complaint.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date