

North Carolina Agricultural and Technical State University

Division of Human Resources

DISCRIMINATION COMPLAINT FORM – EHRA

A. EMPLOYEE INFORMATION:

Name: (Name of Complainant) _____

Home Address: _____

Telephone: Work (_____) Home (_____)

Division/Department/Work Site _____

Position (include working title) _____

Immediate Supervisor: _____

B. TYPE OF COMPLAINT: (Check Appropriate Charge)

- Discrimination
- Unlawful Workplace Harassment
- Retaliation

BASIS OF CHARGE: (If the basis of charge is discrimination you must declare at least one)

- Race Sex Religion National Origin Age
- Disability Color Gender Genetic Information

C. DESCRIPTION OF CHARGES:

Please provide a narrative description of the complaint including what happened, date(s) of alleged incident(s), the harasser(s) or respondent(s), witnesses, grievance and supporting documents.

(Use additional pages as needed.)

Complainant Signature/Date

Received By: Signature/Date