# EEO INFORMAL COMPLAINT INTAKE FORM

This form will provide preliminary information in order to assist in the initial review of your complaint.

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| Name: | | | |
| Home Address: | | City: | |
| State: | Zip: | Home Phone: | |
| Agency/Division: | | Work Phone: | |
| Work Location/Facility: | | | |
| Please select your current status:  Career State Employee Former Career State Employee Probationary State Employee  Former Probationary State Employee Applicant for State Employment | | | |
| Shift or Normal Work Schedule: | | Email Address: | |
| Position Title: | | Gender: Male Female | |
| |  |  |  |  | | --- | --- | --- | --- | | Race:  Black  Asian/Pacific Islander  American Indian | White  Alaskan Native  Other\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ethnicity:  Hispanic  Non-Hispanic |  | | | | |
| Immediate Supervisor Name: Telephone Number: | | | |
| I believe that I was discriminated against by the following: (Check those that apply)  Agency Supervisor Other (Please Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Full Name/Agency you believe discriminated against you: | | | Position/Title (if applicable) |
| Address: | | | Telephone Number: |
| Most recent date of alleged unlawful action: | | | |
| Type of unlawful action (must select one): Discrimination Harassment Retaliation | | | |
| If alleging discrimination or retaliation, check alleged unlawful action:  Hiring Training Work Assignments Demotion Suspension without Pay  Promotions Dismissal Compensation Overall Performance Ratings Reduction in Force | | | |
| Discrimination Basis: Do you think this happened to you because of (check as appropriate):  Race Sex National Origin Disability Political Affiliation Color Religion Genetic Information Age(40+) Other (Please Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| What remedy or resolution are you seeking? | | | |
| **In your own words, briefly describe what happened to you that you believe to be discriminatory. (Use additional pages as needed. Please print clearly or type).**  **List Names and Nature of Witnesses:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (1st) Witness Name Contact Information  Information (1st ) Witness Can Provide:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (2nd) Witness Name Contact Information  Information (2nd) Witness Can Provide:  **CLAIMS**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Complainant Name (print) Complainant Signature Date    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EEO Representative Name (print) EEO Representative Date of Receipt | | | |

NC Office of State Human Resources Complaint Intake Form Revision: 1/17/14