# 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 |
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| Race: Black  Asian/Pacific Islander  American Indian |  White Alaskan Native  Other\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ethnicity:  Hispanic Non-Hispanic  |  |

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|  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 InformationInformation (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