

3. Tell us about the incident(s):

- Explain briefly what happened and how you were discriminated against.
- Provide the date(s) when the incident(s) occurred.
- Indicate who discriminated against you. Include names and titles if possible.
- If other people were treated differently than you, tell us how they were treated differently.
- Attach any documents that you think might help us better understand your complaint.

4. Please list below any person(s) (witnesses) that we may contact for additional information to support or clarify the complaint.

Name	Address	Phone

5. Basis for the discrimination:
Please indicate the basis on which you believe you were discriminated against. If you believe more than one basis was involved, you may check more than one box:

- | | |
|--|--|
| <input type="checkbox"/> Age- provide date of birth:
<input type="checkbox"/> Color
<input type="checkbox"/> National Origin
<input type="checkbox"/> Political Belief
<input type="checkbox"/> Retaliation
<input type="checkbox"/> Gender - Specify <input type="checkbox"/> F <input type="checkbox"/> M
<input type="checkbox"/> Race - indicate race: | <input type="checkbox"/> Citizenship or status as alien US Worker
<input type="checkbox"/> Disability
<input type="checkbox"/> Political Affiliation
<input type="checkbox"/> Religion
<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Status as a program participant under the Workforce Innovation and Opportunity Act (WIOA)
<input type="checkbox"/> Other (Specify): |
|--|--|

6. Have you previously filed a complaint against this person(s)/entity? Yes No

If YES, answer the questions below, if NO move to section 7.

- a. Was your complaint in writing? Yes No
- b. On what date did you file the complaint?
- c. Name of office where you filed your complaint:
 Address: _____
 City: _____ State _____ ZIP Code _____
 Phone number: () - _____
 Contact person (if known): _____
- d. Have you been provided a final decision or report? Yes No
If you marked "YES", please attach a copy of the complaint.

9. Alternate Dispute Resolution (ADR) also known as mediation.

Notice: You must indicate if you wish to mediate your case. The EEO Office cannot begin to process your complaint until you have made a selection. Please check **YES** or **NO** in the spaces below.

- Mediation is an alternative to having your complaint investigated.
- Neither party loses anything by mediating.
- The parties to the complaint review the facts, discuss opinions about the facts, and strive for an agreement that is satisfactory for both.
 - Agreement to mediate is not an admission of guilt by the person(s)/entity that you claim discriminated against you.
 - Mediation is conducted by a trained, qualified and impartial mediator.
 - You (or your Personal Representative) have control to negotiate a satisfactory agreement.
 - **Terms of the agreement are signed by the complainant and the person(s)/entity that you claim discriminated against you.**
 - **Agreements are legally binding on both parties.**
 - If an agreement is not reached, a formal investigation will start.
 - Failure to keep an agreement will result in a formal investigation.
 - A formal investigation will be opened if retaliation is reported.
- **Do you wish to mediate your complaint?**
(Please check only one box)

YES, I want to mediate.

NO, please investigate.

If you select “YES” you will be contacted within five business days with more information.

10. Complainant’s signature:

You must sign this form for your complaint to be processed!

- Faxed or otherwise electronically delivered complaints will be logged into our system; however, an official investigation cannot begin until the original, signed copy is received.

Signature:

Date: