



Metro

Equal Employment Opportunity (EEO)

DISCRIMINATION, HARASSMENT, OR RETALIATION COMPLAINT FORM

(PLEASE PRINT)

Last Name (Complainant)	First Name	Work Extension	Dept/Division
Address	City	State	Zip Code
			Cell or Home Phone
Job Title		Badge Number	Hire Date
			Union
Department Supervisor's Name		Supervisor's Extension	
What is the basis of the complaint? Mark all that apply:			
<input type="checkbox"/> Disability (mental or physical)	<input type="checkbox"/> Medical Condition (incl. cancer, AIDS, HIV)	<input type="checkbox"/> Gender Identity	
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Religious Creed	<input type="checkbox"/> Color	
<input type="checkbox"/> National Origin	<input type="checkbox"/> Age (40 & over)	<input type="checkbox"/> Race	
<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Denial of Family Care Leave	<input type="checkbox"/> Veteran Status	
<input type="checkbox"/> Sex/Gender	<input type="checkbox"/> Denial of Pregnancy Disability	<input type="checkbox"/> Retaliation	
<input type="checkbox"/> Gender Expression	<input type="checkbox"/> Other (i.e. Marital Status, Genetic Information)		
Have you filed a complaint with EEO about any prior incident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is the status of the prior complaint? _____			
Person(s) discriminating against you currently: (Name, title, dept.) _____			
Briefly describe your complaint against the above-named person(s). Specifically, how were you discriminated against or treated differently from others on the basis of race, sex, age, etc. Cite specific examples of other examples of other employees treated differently, and specific incidents, acts, or circumstances, including dates, locations name(s) of witness(es) that support your allegation(s) (Use additional sheet(s) if necessary)			

Non-Contract Employee? Yes No

Have you attempted to resolve the matter by discussing it with your Supervisor/Manager? Yes No

If "yes", what is the status of the matter? _____

Have you filed a report or complaint with your union? Yes No Union Name: _____

If "yes", what is the status? _____

Have you ever filed with an external agency? Yes No If "yes", name of agency? _____

READ BEFORE SIGNING: This complaint will be processed pursuant to Metro Policy CIV 4 "Equal Opportunity Internal Complaint Process". Any employee who intentionally files a false discrimination complaint will be subject to disciplinary action. Every effort will be made to ensure that all documents and information acquired during the investigation are kept confidential. Complainant's cooperation is required. Retaliation is prohibited.

Signature of Employee (Complainant)

Date