

# NC OFFICE OF STATE HUMAN RESOURCES

To be completed by Complainant

## EEO INFORMAL COMPLAINT INTAKE FORM

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

Name:		
Home Address:		City:
State:	Zip:	Home Phone:
Agency/Division:		Work Phone:
Work Location/Facility:		
Please select your current status: <input type="checkbox"/> Career State Employee <input type="checkbox"/> Former Career State Employee <input type="checkbox"/> Probationary State Employee <input type="checkbox"/> Former Probationary State Employee <input type="checkbox"/> Applicant for State Employment		
Shift or Normal Work Schedule:		Email Address:
Position Title:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Other _____		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Immediate Supervisor Name:		Telephone Number:
I believe that I was discriminated against by the following: (Check those that apply) <input type="checkbox"/> Agency <input type="checkbox"/> Supervisor <input type="checkbox"/> 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): <input type="checkbox"/> Discrimination <input type="checkbox"/> Harassment <input type="checkbox"/> Retaliation		
If alleging discrimination or retaliation, check alleged unlawful action: <input type="checkbox"/> Hiring <input type="checkbox"/> Training <input type="checkbox"/> Work Assignments <input type="checkbox"/> Demotion <input type="checkbox"/> Suspension without Pay <input type="checkbox"/> Promotion <input type="checkbox"/> Dismissal <input type="checkbox"/> Compensation <input type="checkbox"/> Reduction in Force <input type="checkbox"/> Reasonable Accommodation <input type="checkbox"/> Overall Performance Rating <input type="checkbox"/> Other Terms or Conditions of Employment (Please Specify) _____		
Discrimination Basis: Do you think this happened to you because of (check as appropriate): <input type="checkbox"/> Race <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Political Affiliation <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Genetic Information <input type="checkbox"/> Age(40+)		
What remedy or resolution are you seeking?		

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In your own words, briefly describe what happened to you that you believe to be discriminatory, retaliatory, or harassing. (Use additional pages as needed. Please print clearly or type).

**List Names and Nature of Witnesses:**

\_\_\_\_\_  
(1<sup>st</sup>) Witness Name

\_\_\_\_\_  
Contact Information

\_\_\_\_\_  
Information (1<sup>st</sup>) Witness Can Provide:

\_\_\_\_\_  
(2<sup>nd</sup>) Witness Name

\_\_\_\_\_  
Contact Information

\_\_\_\_\_  
Information (2<sup>nd</sup>) Witness Can Provide:

\_\_\_\_\_  
Complainant Name (print)

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EEO Representative Name (print)

\_\_\_\_\_  
EEO Representative

\_\_\_\_\_  
Date of Receipt