



External Complaint of Discrimination

Complainant Information:

Name:	Telephone Number:		
	W ()	H ()	
Address:	City:	State:	Zip Code:

Name, title and address of person you believe discriminated against you:

Name:	Title:	Telephone Number:	
		W ()	
Address:	City:	State:	Zip Code:

When was the last alleged discriminatory act? (Month, Day and Year) _____

The alleged discrimination was based on:

- | | | |
|---------------------------------|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Political Affiliation or Opinion |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Religious Affiliation |
| <input type="checkbox"/> Age | <input type="checkbox"/> National Origin | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Physical or Mental Disability | _____ |

The issue(s) involved was:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Hiring | <input type="checkbox"/> Reasonable Accommodation | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Wages | <input type="checkbox"/> Termination | <input type="checkbox"/> Other: _____ |
| _____ <input type="checkbox"/> Promotion | <input type="checkbox"/> Layoff | _____ |

Describe the alleged act(s) of discrimination. (Use additional pages if necessary.)

What corrective action do you want taken on your behalf?

Have you filed a complaint alleging the same discrimination with another state or federal agency? Yes No

If yes, with what agency? _____

_____ **SIGNATURE** _____ **DATE**

White Copy – EO Officer

Canary Copy – TSO EO Office

Pink Copy - Complainant