

**Crater Regional Workforce Development Board**

**EO Complaint Form**

1. Complainant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

2. Respondent Information

Provide the name, address and phone number of the agency involved

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What is the most convenient time and place for us to contact you about this complaint?

\_\_\_\_\_

\_\_\_\_\_

4. To your best recollection on what date(s) did the discrimination take place?

Date of first occurrence \_\_\_\_\_

Date of most recent occurrence \_\_\_\_\_

5. Have you ever attempted to resolve this complaint Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, have you been provided with a final decision regarding your complaint?

Yes \_\_\_ No \_\_\_\_\_

6. Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also, attach any written material pertaining to your case. (Use additional pages if necessary)

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7. Why do you believe these events occurred?

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8. What other information do you think is relevant to our investigation?

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9. If this complaint is resolved to your satisfaction, what remedies do you seek?

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10. Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint:

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Signed \_\_\_\_\_

Date \_\_\_\_\_