

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"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races		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"/> Pregnancy <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Genetic Information <input type="checkbox"/> Age(40+) <input type="checkbox"/> Ethnicity <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> National Guard/Veteran <input type="checkbox"/> Gender Identity/Expression		
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:

(1st) Witness Name

Contact Information

Information (1st) Witness Can Provide:

(2nd) Witness Name

Contact Information

Information (2nd) Witness Can Provide:

Complainant Name (print)

Complainant Signature

Date

EEO Representative Name (print)

EEO Representative

Date of Receipt