

Racine County Equal Employment Opportunity Complaint Form



Name:

Address:

City: State: Zip Code:

Home Number: () Work Number: ()

Please provide the following information regarding the individual(s) or the department against whom you are filing the complaint.

Name:

Department:

Basis for Discrimination/Harassment Complaint

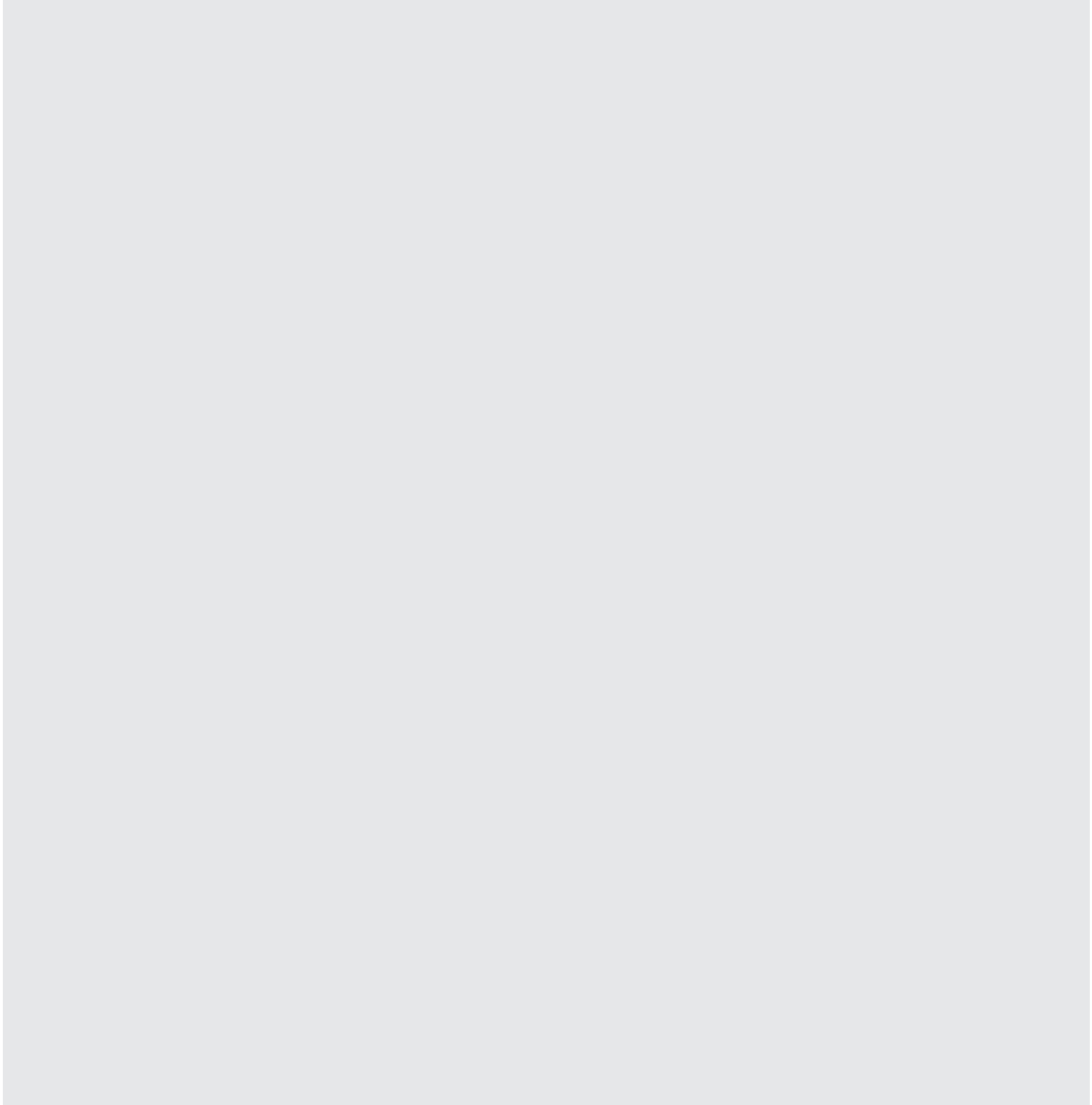
- | | | |
|---|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> National Origin or Ancestry | <input type="checkbox"/> Arrest |
| <input type="checkbox"/> Race | <input type="checkbox"/> Sex (including sexual harassment) | <input type="checkbox"/> Color |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Military Status |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Other (describe below) | |

In Reference To

- | | | | | |
|--|------------------------------------|-------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Discharge | <input type="checkbox"/> Promotion | <input type="checkbox"/> Hire | <input type="checkbox"/> Recruitment | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Other (explain below) | | | | |

Please explain below the details of the alleged act of discrimination/harassment. When and how did the alleged act of discrimination/harassment take place? How were others treated differently? If you have witnesses, document their name, address and telephone numbers, if you know them. Specify the action you are requesting to correct the situation. Submit this form to the Affirmative Action Officer for Racine County.

(Please print or type. Attach additional page(s) if necessary).



Signature: _____

Date: _____