

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:

(Please check all that apply)

____ **AGE**

____ **NATIONAL ORIGIN OR ANCESTRY**

____ **ARREST**

____ **RACE**

____ **COLOR**

____ **SEX (including sexual harassment)**

____ **MARITAL STATUS**

____ **SEXUAL ORIENTATION**

____ **MILITARY STATUS**

____ **DISABILITY** ____ **OTHER (explain below)**

IN REFERENCE TO:

____ **DISCHARGE**

____ **PROMOTION**

____ **HIRE**

____ **RECRUITMENT**

____ **TRANSFER**

____ **OTHER (describe 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 _____
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