

Torrance County

EQUAL EMPLOYMENT OPPORTUNITY AND ANTI-HARASSMENT COMPLAINT FORM

Name _____ Home/Cell Phone # _____

Street Address _____ Work Phone # _____

City, State, Zip Code _____

Job Title _____ Department _____

Alleged Discrimination was based on (check appropriate boxes):

Race Retaliation

Sex Age (40 years or older)

National Origin/Ancestry Religion

Disability Genetic Information

Date discrimination took place _____ Earliest: _____ Latest: _____

Explain what discriminatory action was taken against you. Be specific: include dates, names of individual(s) who committed discriminatory acts, names of any witnesses to the discriminatory action(s), places, etc. for all incidents. Also include any other evidence that supports the alleged act(s) of discrimination. If more space is required, use an additional sheet of paper, and be sure to sign and date each additional sheet of paper used.

Have you previously reported any of the discriminatory acts alleged in this complaint to your immediate supervisor, your appointing authority or designee, or the Human Resource Director, and if so, to whom did you report such act(s) and when did you report such act(s)?

Resolution Requested:

I declare that the above statements are true and accurate to the best of my knowledge, information and belief.

Signature: _____ Date: _____