



OEO Office Use Only
Case #

Name (Complainant)	Phone	Name of Person(s) or Division/Region That Discriminated Against You	
Address (Street No., P.O Box, etc.)		Location and Position of Person (If Known)	
City, State, Zip		City, State, Zip	Date of Alleged Incident

Discrimination Because of:	<input type="checkbox"/> Race/Color	<input type="checkbox"/> Disability	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Marital Status
	<input type="checkbox"/> Age	<input type="checkbox"/> Sex (Includes Sexual Harassment)	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Sexual Orientation
	<input type="checkbox"/> Creed/Religion		<input type="checkbox"/> National Origin	<input type="checkbox"/> Retaliation

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 than you. Also attach any written material pertaining to your case.

Signature	Date
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Additional Information

Why do you believe these events occurred?

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

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

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

Name	Classification	Address	Telephone Number
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