



## **Complaint on Equal Employment Opportunity in Employment**

**Employee Name:**

**Address:**

**Telephone Number:**

**Complaint Basis (Protected Status):**

**Description of action(s) which is (are) alleged as being discriminatory. (Please provide dates, names, or titles whenever possible.)**

**Signature of Complainant:**

**Date:**

Once complete, please send this form to Human Resources. If the complaint is concerning Human Resources, the complaint should be brought to the Administrative Coordinator. If the complaint is about the Administrative Coordinator, the complaint should be brought to the County Board Chair