



**Metro**

Diversity & Economic Opportunity Department  
EEO Unit

**COMPLAINT OF DISCRIMINATION**

(PLEASE PRINT)

\_\_\_\_\_  
Last Name (Complainant)      First Name      Work Extension      Dept/Division

\_\_\_\_\_  
Address      City      State      Zip Code      Home Phone

\_\_\_\_\_  
Job Title      Badge Number      Hire Date

\_\_\_\_\_  
Department Supervisor's Name      Supervisor's Extension

What is the basis of the discrimination? Mark all that apply:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Mental Disability  | <input type="checkbox"/> Medical Condition (incl. cancer)             | <input type="checkbox"/> Physical Disability (incl. HIV/AIDS) |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Religious Creed                              | <input type="checkbox"/> Color                                |
| <input type="checkbox"/> Ancestry           | <input type="checkbox"/> Age (40 & over)                              | <input type="checkbox"/> Race                                 |
| <input type="checkbox"/> Sexual Harassment  | <input type="checkbox"/> Denial of Family Care Leave                  | <input type="checkbox"/> Hostile Environment                  |
| <input type="checkbox"/> Sex                | <input type="checkbox"/> Denial of Pregnancy Disability               | <input type="checkbox"/> National Origin                      |
| <input type="checkbox"/> Retaliation        | <input type="checkbox"/> Other (i.e., Veteran Status, Marital Status) |   |

Have you filed a complaint with EEO about any prior incident?  Yes  No

What is the status of the prior complaint? \_\_\_\_\_

Person(s) discriminating against you currently: (Name, title, dept.) \_\_\_\_\_

Briefly describe your complaint against the above-named person(s). Specifically, how were you discriminated against or treated differently from others on the basis of race, sex, age, etc. Cite specific examples of other employees treated differently, and specific incidents, acts, or circumstances, including dates, locations name(s) of witness(es) that support your allegation(s) (Use additional sheet(s) if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What remedy are you seeking? \_\_\_\_\_

Non-Contract Employee?  Yes  No

Have you attempted to resolve the matter by discussing it with your Supervisor/Manager?  Yes  No

If "yes", what is the status of the matter? \_\_\_\_\_

Have you filed a report or complaint with your union?  Yes  No Union Name: \_\_\_\_\_

If "yes", what is the status? \_\_\_\_\_

Have you ever filed with an external agency?  Yes  No If "yes", name of agency? \_\_\_\_\_

**READ BEFORE SIGNING:** This complaint will be processed pursuant to Metro Policy EO 1-4 "Equal Opportunity Internal Complaint Process". Any employee who intentionally files a false discrimination complaint will be subject to disciplinary action. Every effort will be made to ensure that all documents and information acquired during the investigation are kept confidential. Complainant's cooperation is required. Retaliation is prohibited.

\_\_\_\_\_  
Signature of Employee (Complainant)

\_\_\_\_\_  
Date