

**EEO DISCRIMINATION COMPLAINT FORM**

1. Name: (Last) (First) (Middle Initial)			2. Office Phone No. ( ) -	
3 Home Address: (Number & Street) (City) (ZIP Code)			4. Home Phone No. ( ) -	
5. May we correspond with you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please clearly print the email address.		
6. Are you presently working for the State of Ohio? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which agency?		
7. Check the appropriate area(s) of discrimination: <input type="checkbox"/> Race <input type="checkbox"/> National Origin <input type="checkbox"/> Gender <input type="checkbox"/> Sex <input type="checkbox"/> Color <input type="checkbox"/> Ancestry <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Age (40+ years) <input type="checkbox"/> Religion <input type="checkbox"/> Disability <input type="checkbox"/> Military or Veteran Status <input type="checkbox"/> Genetic Information				
8. Discriminatory harassment: <input type="checkbox"/> Race <input type="checkbox"/> National Origin <input type="checkbox"/> Gender <input type="checkbox"/> Sex <input type="checkbox"/> Color <input type="checkbox"/> Ancestry <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Age (40+ years) <input type="checkbox"/> Religion <input type="checkbox"/> Disability <input type="checkbox"/> Military or Veteran Status <input type="checkbox"/> Genetic Information				
9. <input type="checkbox"/> Retaliation (based on involvement with a discrimination complaint)				
10. Race of the complainant: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander				
11. Sex of the complainant: <input type="checkbox"/> Male <input type="checkbox"/> Female				
12. Name the agency you believe discriminated against you:			(Location)	
13. Name(s) and title(s) of person(s) who you believe discriminated against you:			(Name) (Title)	
14. Have you filed a complaint with the federal Equal Employment Opportunity Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No		15. Have you filed a complaint with the Ohio Civil Rights Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Have you filed a Union grievance regarding the incident(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Most recent date of alleged discrimination:		18. State agency where you were employed at the time: (Your Classification)		
19. Explain when and how you believe you were discriminated against (treated differently from other employees or applicants) BECAUSE of your race, color, religion, sex, gender, national origin, ancestry, disability, age (40 years or more), sexual orientation, military status, veteran status or genetic information. Please provide additional sheets and attachments, if needed.				
20. Complainant's signature:			21. Date complaint filed:	