

EEO COUNSELOR'S REPORT FORM

(Formal Counseling Process)

A. AGGRIEVED INDIVIDUAL

Counselee: _____

Counselee's Job Title: _____

Work Telephone: _____

Personal Telephone: _____

Home Address: _____

Email Address: _____

Agency: _____

Agency Address: _____

Name of Counselee's Supervisor: _____

Supervisor's Job Title: _____

Supervisor's Telephone: _____

B. CHRONOLOGY OF EEO COUNSELING

Date of Initial Contact: _____

Date of Alleged Discrimination/Harassment Incident(s)(mm/dd/yyyy) _____

45th Calendar Day After Incident (mm/dd/yyyy) _____

Reason for Delayed Contact Beyond 45 days (if applicable) _____

Date of Final Informal Counseling Session (if applicable) _____

Date of Notice of Final Interview Letter (if applicable) _____

C. BASIS(ES) FOR ALLEGED DISCRIMINATION/HARASSMENT

1. Race (Specify) _____

2. Color (Specify) _____

3. National Origin (Specify) _____

4. Sex (Specify) _____

5. Age (Date of Birth) _____

6. Mental Disability (Specify) _____

7. Physical Disability (Specify) _____

8. Military Status (USERRA) _____

G. CONCLUSION.

[] INFORMAL COUNSELING WAS UNSUCCESSFUL; A **NOTICE OF FINAL INTERVIEW LETTER** WAS ISSUED TO THE COUNSELEE; A COPY OF THE **EEO FORMAL COMPLAINT FORM** WAS PROVIDED TO THE COUNSELEE; AND AN **EEO COUNSELOR'S REPORT FORM** (Informal EEO Counseling) HAS BEEN SUBMITTED TO THE WEST VIRGINIA EQUAL EMPLOYMENT OPPORTUNITY OFFICE.

[] INFORMAL COUNSELING OPTION WAS DECLINED; A COPY OF THE **EEO FORMAL COMPLAINT FORM** WAS PROVIDED TO THE COUNSELEE; AND AN **EEO COUNSELOR'S REPORT FORM** (Formal EEO Counseling) IS NOW SUBMITTED TO THE WEST VIRGINIA EQUAL EMPLOYMENT OPPORTUNITY OFFICE.

Name of EEO Counselor

Telephone Number

Signature of EEO Counselor

Office Address

Date

Revised by:
West Virginia Equal Employment Opportunity Office
Jann Hoke, Director
November, 2011

