State of West Virginia
Equal Employment Opportunity
50 Dee Drive
Charleston, WV 25311
(304) 558-0400   Fax (304) 558-3861

FORMAL EEO COMPLAINT FORM

This is a formal EEO Complaint Form which may be completed by any West Virginia state employee who feels he/she has been discriminated against or harassed in the workplace on the basis of his/her membership in a legally-protected class.

Once completed you have completed this Form, you may give it to your EEO Counselor, or you may mail it directly to the WV Equal Employment Opportunity Office at the above-listed address, or you may fax to the WV Equal Employment Opportunity Office at the above-listed fax number. Your EEO Counselor will forward a copy of the Form to the WV Equal Employment Opportunity Office.

A West Virginia State employee who feels he/she is the subject of unlawful workplace discrimination or harassment is urged to discuss INFORMAL EEO COUNSELING with his/her EEO Counselor before beginning the Formal EEO Investigative Process. The INFORMAL EEO PROCESS is designed to attempt resolution of an EEO dispute more quickly than the formal EEO Complaint and Investigation Process. However, it is your RIGHT to forego INFORMAL EEO COUNSELING.

Furthermore, it is your RIGHT as a West Virginia state employee to file a Formal EEO Complaint Form if you feel you have been harassed or discriminated against in the workplace on the basis of your race, color, national origin, sex, gender, age, mental or physical disability, military status, medical history pursuant to GINA, political affiliation, tobacco use, religion, or retaliated against because you filed an earlier EEO complaint.

Please fill out this form as completely as possible. Use additional sheets of paper as needed.

Please contact the EEO Office if you have questions about this form.

________________________________________________________________________
1. Name________________________________________

________________________________________________________________________
2. Home Address________________________________

________________________________________________________________________
3. Home Telephone Number________________________

________________________________________________________________________
4. Other Telephone Number Where You May Be Reached____________________

________________________________________________________________________
5. Your Work Telephone Number______________________

________________________________________________________________________
6. Email Address________________________________

________________________________________________________________________
7. Agency________________________________________

________________________________________________________________________
8. Your Work Address______________________________

________________________________________________________________________
9. Agency Telephone Number________________________

________________________________________________________________________
10. Agency Email Address____________________________
11. List the person(s) you allege discriminated against or harassed you.

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<th>Name</th>
<th>Work Address</th>
<th>Work Telephone Number</th>
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12. Which of the following best describes why you believe you were discriminated against or harassed:

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)
9. [ ] GINA violation(specific)
10. [ ] Political Affiliation (specify)
11. [ ] Tobacco Use
12. [ ] Religion (Specify)
13. [ ] Other (Specify)
14. [ ] Retaliation (Identify earlier EEO complaint, with date)

13. On what date(s) did the alleged discrimination/harassment take place?

14. If there was continuing discrimination/harassment, indicate the dates.

<table>
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<th>Most recent</th>
<th>First occurrence</th>
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15. Explain clearly the events that occurred. How were you treated differently from other persons at your workplace? You may attach any written documentation pertaining to this matter, such as emails or letters you received.

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16. List any witnesses you believe have direct knowledge of your allegation whom we may contact for additional information to support or clarify your complaint.

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17. What resolution do you seek?

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18. Additional Comments:

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19. Explanation of Investigation Process:

The State EEO Investigation Process allows investigators forty-five (45) working days from their appointment date to complete the investigation into this EEO complaint. Should the investigators be unable to complete their investigation within the allotted time period, they may request an extension from the West Virginia Equal Employment Opportunity Office Director. You will be notified if such an extension is requested.

Upon completion of the investigation, a completed EEO Investigative Report and all accompanying investigative materials are submitted to the West Virginia Equal Employment Opportunity Office Director for review. The EEO Director has fifteen (15) working days to complete his/her review.

Subsequent to the review by the EEO Director, the EEO Investigative Report and all accompanying materials are submitted to your agency administrator or his/her designee for review and action. A decision concerning the actions which may be taken by the agency should be rendered within fifteen (15) working days.

Should the EEO Investigation find that unlawful harassment or discrimination has occurred, you will be notified that the case has been decided and that it has been “substantiated.” Should the EEO Investigation find that there are not sufficient grounds for a finding that unlawful harassment or discrimination has occurred, you will be notified that the case has been “not substantiated.” In either case, you will not be notified of any employment action which has been taken against any Respondent(s) in this case, as employment actions are protected under the federal Privacy Act.

I, the undersigned, attest that the information provided in this **Formal EEO Complaint** is true and accurate to the best of my knowledge.

__________________________________________
Signature of Complainant

__________________________________________
Date

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