

CONSULTATION VERIFICATION FORM

I, _____ verify that _____
(Complainant) **(EEO Counselor)**

discussed with me the following information as identified by my initials. (Note: This form is to be attached to the EEO Investigative Report Form.)

_____ The Counselor's obligation is to act on the facts. (EEO complaints must allege discrimination based on race, color, sex, age (40 and above), religion, national origin, or disability. An EEO complaint may be investigated as an Administrative complaint should the Complainant choose not to file a formal complaint.)

_____ The seriousness through which all complaints are handled.

_____ Confidentiality (Court order or subpoena may require the release of information) Do not discuss this information with anyone except those who have a need-to-know.

_____ Various complaint options are available:

- ◆ _____ Formal EEO Complaint
- ◆ _____ Grievance procedure (Personnel Issues)
- ◆ _____ Federal EEOC charge
- ◆ _____ West Virginia Human Rights Commission
- ◆ _____ Court System

_____ Prohibition against retaliation

_____ I understand that an EEO Complaint under this procedure must be the result of discrimination based on race, color, sex, age (40 and above), religion, national origin, or disability. Additionally, a claim of hostile or offensive work environment must have been the result of any of these factors. I understand that the agency will determine whether to further investigate my allegations and that I will be notified as to whether an investigation will be conducted. In addition, I understand that I may also pursue this matter through the complaint options listed above.

_____ Completed an EEO Investigative Complaint Form

_____ Received a copy of WV Division of Personnel Sexual Harassment Policy (DOP B-6)

_____ Other: _____

Complainant's Signature

EEO Counselor's Signature

Print

Print

Date _____

Date _____

CC: Director, State EEO Office