

State of West Virginia
Equal Employment Opportunity
50 Dee Drive
Charleston, WV 25311

(304) 558-0400 Fax (304) 558-3861

INVESTIGATIVE COMPLAINT FORM

This is a complaint form which may be submitted by the complainant to his/her EEO Counselor or Coordinator, or may be mailed directly to the WV Equal Employment Opportunity Office.

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

To EEO Counselors/Coordinators: The WV EEO Office must receive copies of all EEO complaints and supporting materials. Please contact the EEO Office if you have questions about this form.

1. Name and Work Address of Complainant

Work Telephone Number

Other Telephone Numbers Where You Can Be Reached:

Address Where We May Contact You (If Different From Your Work Address)

2. List the person(s) you believe discriminated against or harassed you.

Name

Work Address

Work Telephone Number

3. Which of the following best describes why you believe you were discriminated against or Harassed?
- Age (40 & Above) Race Color Disability National Origin Ancestry
- Sex (**Gender and/or** **Sexual Harassment**) Religion Retaliation

A complaint should be filed promptly following the alleged discriminatory act.

4. On what date(s) did the alleged discrimination/harassment take place? _____
- If there was continuing discrimination/harassment, indicate the dates.
- Most recent _____ First occurrence _____

5. Explain **clearly** the events that occurred. When alleging discrimination, include how you believe you were 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 from your supervisor or manager.

6. List any witnesses, you believe had direct knowledge of your allegation that we may contact for additional information to support or clarify your complaint.

Name	Work Address	Work Telephone Number
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7. What resolution do you seek?

Name	Work Address	Work Telephone Number
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