NC OFFICE OF STATE HUMAN RESOURCES

To be completed by Complainant

EEO INFORMAL COMPLAINT INTAKE FORM

This form will provide preliminary information in order to assist in the initial review of your complaint.

Name:		
Home Address:		City:
State:	Zip:	Home Phone:
Agency/Division:		Work Phone:
Work Location/Facility:		
Please select your current status: ☐ Career State Employee ☐ Former Career State Employee ☐ Probationary State Employee ☐ Former Probationary State Employee ☐ Applicant for State Employment		
Shift or Normal Work Schedule:		Email Address:
Position Title:		Gender: ☐ Male ☐ Female
Race: ☐ White ☐ Black or African American ☐ Asian ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Two or More Races		Ethnicity: ☐ Hispanic ☐ Non-Hispanic
Immediate Supervisor Name:		Telephone Number:
I believe that I was discriminated against by the following: (Check those that apply) ☐ Agency ☐ Supervisor ☐ Other (Please Specify)_____		
Full Name/Agency you believe discriminated against you:		Position/Title (if applicable)
Address:		Telephone Number:
Most recent date of alleged unlawful action:		
Type of unlawful action (must select one): ☐ Discrimination ☐ Harassment ☐ Retaliation		
If alleging discrimination or retaliation, check alleged unlawful action: ☐ Hiring ☐ Training ☐ Work Assignments ☐ Demotion ☐ Suspension without Pay ☐ Promotion ☐ Dismissal ☐ Compensation ☐ Reduction in Force ☐ Reasonable Accommodation ☐ Overall Performance Rating ☐ Other Terms or Conditions of Employment (Please Specify) _____		
Discrimination Basis: Do you think this happened to you because of (check as appropriate): ☐ Race ☐ Sex ☐ National Origin ☐ Disability ☐ Political Affiliation ☐ Pregnancy ☐ Color ☐ Religion ☐ Genetic Information ☐ Age(40+) ☐ Ethnicity ☐ Sexual Orientation ☐ National Guard/Veteran ☐ Gender Identity/Expression		
What remedy or resolution are you seeking?		

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In your own words, briefly describe what happened to you that you believe to be discriminatory, retaliatory, or harassing. (Use additional pages as needed. Please print clearly or type).

List Names and Nature of Witnesses:

(1st) Witness Name _____ Contact Information _____

Information (1st) Witness Can Provide:

(2nd) Witness Name _____ Contact Information _____

Information (2nd) Witness Can Provide:

Complainant Name (print) _____ Complainant Signature _____ Date _____

EEO Representative Name (print) _____ EEO Representative _____ Date of Receipt _____