

## Equal Employment Opportunity (EEO) **Human Capital**

## **COMPLAINT FORM**

(PLEASE PRINT)

Last Name (Complainant)	First Name	Work Extension	on Dept/Di	ivision			
Address	City	State	Zip Code	Cell or Home Phone			
Job Title		Badge Numbe	er	Hire Date	Union		
Department Supervisor's Nai	Supervisor's I	Supervisor's Extension					
What is the basis of the comp	plaint? Mark all that	t apply:					
Disability (mental or physical)	Medical Condition (incl. cancer, AIDS, HIV)			Gender Identity			
Sexual Orientation	Religious Creed			Color			
National Origin	Age (40 & over)			Race			
Sexual Harassment	☐ Denial	<ul><li>Denial of Family Care Leave</li></ul>			Veteran Status		
Sex/Gender	☐ Denial	<ul><li>Denial of Pregnancy Disability</li></ul>		Retaliation			
Gender Expression	Other	Other (i.e. Marital Status, Genetic Information)					
Have you filed a complaint w	ith EEO about any p	rior incident?	Yes No				
What is the status of the pric	or complaint?						
Person(s) discriminating against you currently: (Name, title, dept.)							
Briefly describe your complaint against the above-named person(s). Specifically, how were you discriminated against or treated differently from others on the basis of race, sex, age, etc. Cite specific examples of other examples of other employees treated differently, and specific incidents, acts, or circumstances, including dates, locations name(s) of witness(es) that support your allegation(s) (Use additional sheet(s) if necessary)							

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Non-Union Employee? Yes No					
Have you attempted to resolve the matter by discussing it with your Supervisor/	Yes No				
Manager?If "yes", what is the status of the matter?					
Have you filed a report or complaint with your union? Yes No Unio	n Name:				
If "yes", what is the status?					
Have you ever filed with an external agency? Yes No If "yes", name of agency?					
READ BEFORE SIGNING: This complaint will be processed pursuant to RTA's Internal Complaint Process (HC38) policy. Any employee who intentionally files a false discrimination complaint or makes false statements during the investigation will be subject to disciplinary action. Every effort will be made to ensure that all documents and information acquired during the investigation are kept confidential. The complainant's cooperation is required. Retaliation is prohibited.					
Signature of Employee (Complainant)	Date				

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