



Oregon Department of
Transportation

EQUAL EMPLOYMENT OPPORTUNITY Discrimination/Harassment Complaint Form

THIS FORM IS FILLABLE. Tab through the form and complete the necessary information. Use the button provided to reset or print the form.

Name		Region	Work Phone
Supervisor	Union	Unit/Crew	Home Phone
Position	Date of Hire	Work Schedule	OR EIN #

Information:

Type of Complaint:

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Sex	<input type="checkbox"/> Age
<input type="checkbox"/> Religion	<input type="checkbox"/> National Origin	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation

Nature of Complaint: *(Describe the events, incident, etc. that led to your call today. Include who was involved, what was said, where it happened, and when it occurred. Please use the back of this form if additional space is needed.)*

Contact at: Work Home Other

Witnesses:

Signature: _____ **Date** _____

Return to:
Employee Civil Rights and Staffing/Affirmative Action Officer
2775 19th Street SE
Salem, OR 97302-1503

EEO/AA Disposition

Date Received:

Required Follow-up:

Refer to: Civil Rights Human Resource Safe Haven Other _____ Partner w/ _____

CC:

Name (Investigator): _____ **Date Resolved:** _____

Investigator: *Identify potential issues to determine appropriate follow-up.*

Age	Classification	Disability	Ethics	Mgmt Concern	Policies/Rules	Safety	Wage & Hour
Attendance	Conflict of Interest	Discipline	Gender	Payroll	Race/ National Origin	Selection	Violence
Benefits	Conduct	Drug & Alcohol	Labor Contract	Performance	Religion	Sexual Orientation	Wk Schedule

