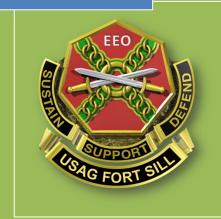
## **EEO Electronic Contact Sheet**

## Instructions:

- 1. Complete sections 1 & 2 only starting with your title, name, etc.
- 2. Please describe the discriminatory event(s)/incidents(s) starting on page 3.
- 3. When done, please select the submit button to ensure that all required fields are completed and follow the prompts.
- 4. Return completed form to the EEO office at the e-mail below:

usarmy.sill.imcom-central.mbx.usag-eeo@mail.mil



**Equal Employment Opportunity** 

Office

1670 Craig Road

Fort Sill, Oklahoma 73503

Tel. (580) 442-4024 Fax (580) 442-7205

Note: Items with an asterisk (\*) are required entries.

If you can not send the form using the submit prompts, please save the form to your computer and e-mail the form using your prefer method of e-mail to the address listed on step 4.

EEO CONTACT SHEET
NAME: Date EEO Office Contacted
Docket NO. Date EEO Intake
Counselor Assigned:
Section 1
Title *First MI *Last Suffix
Gender: Male Female *E-mail:
Country: Address Type: Home Work *Claim:
*Address 1: Other:
Address 2:
City State Zip Code
*Phone FAX Cell
Agency/Department Phone
Additional Information for Complaint
Section 2
*SSN *DOB RNO Employee Type
*Occupation:
Pay Plan Specify Series Grade Specify
*Anonymous

## **EEO Contact**

Basis(es): Employee must allege a discriminatory reason for that action based on one of the nine categories of protected classes. Please add your statement using pages 3-5. Were you discriminated against based on? Age (40+) ☐ Race Color Disability (Mental/Physical) ☐ Religion Retaliation/ Reprisal Date of Prior EEO Activity: ☐ Sex (including pregnancy) ☐ Genetics □ National Origin \* Relief Sought

**EEO Contact & Complaint** 

