



**CITY OF ST. LOUIS
DEPARTMENT OF PERSONNEL**

EQUAL EMPLOYMENT OPPORTUNITY COMPLAINT

Complaint Number _____ Date _____
Name _____ Home/Cell Phone# _____
Address _____ Work Phone# _____
City, State, Zip Code _____
Job Title _____ Place of Work _____

Alleged Discrimination was based on (check appropriate box/boxes):

Race or Color...[] Sex...[] Religion...[] National Origin/Ancestry...[]
Disability...[] Retaliation...[] Sexual Orientation...[] Sexual Harassment...[]
Age...[] Gender Identity or Expression...[] Marital Status...[]

Date of most recent or continuing discrimination: _____

Explain what discriminatory action was taken against you. Be specific. Include dates, names of individual(s) who committed discriminatory acts, names of any witnesses to the discriminatory action(s), places, etc. for all incidents. Also, include any other evidence that supports the alleged act(s) of discrimination. If more space is required, use an additional sheet of paper. In doing so, be sure to sign and date each additional sheet of paper used.

Resolution Requested:

I swear or affirm that I have read the above charge, and that the above statements are true to the best of my knowledge, information, and belief.

Signature: _____ Date: _____

Please do not write below this line.

Notarized before me this ____ day of _____ 2010.

Assigned to _____
REV10COMFORM Date Received _____

