Sheriff's Department – City of St. Louis

EQUAL EMPLOYMENT OPPORTUNITY AND ANTI-HARASSMENT COMPLAINT FORM

Complaint Number (*for Personnel's use only*) _____ Date _____

Name _____ Home/Cell Phone _____

Street Address _____ Work Phone _____

City, State, Zip Code _____

Job Title _____ Department/Division _____Work Location_____

Alleged Discrimination was based on (check appropriate boxes:

Race	**[ ]**	**National Origin/Ancestry**	**[ ]**	**Age (40 years and older)**	**[ ]**
Color	**[ ]**	**Disability**	**[ ]**	**Religion**	**[ ]**
Sex	**[ ]**	**Retaliation**	**[ ]**	**Genetic Information**	**[ ]**

Date of discriminatory took place_____ Earliest_____ Latest _____

Check if continuing discrimination or harassment…. [ ]

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, and be sure to sign and date each additional sheet of paper used.

_____
_____
_____

Have you previously reported any of the discriminatory acts alleged in this complaint to your immediate supervisor, your appointing authority or designee, or the diversity counselor in your department, and if so, to whom did you report such act(s) and when did you report such act(s)?_____
_____
_____

Resolution Requested:

_____
_____
_____

I declare that the above statements are true and accurate to the best of my knowledge, information, and belief.

Signature: _____ Date: _____

REV 04/2011