

Crater Regional Workforce Development Board

EO Complaint Form

1. Complainant Information

Name _____

Address _____

Phone number _____

2. Respondent Information

Provide the name, address and phone number of the agency involved

3. What is the most convenient time and place for us to contact you about this complaint?

4. To your best recollection on what date(s) did the discrimination take place?

Date of first occurrence _____

Date of most recent occurrence _____

5. Have you ever attempted to resolve this complaint Yes _____ No _____

If yes, have you been provided with a final decision regarding your complaint?

Yes ___ No _____

6. Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also, attach any written material pertaining to your case. (Use additional pages if necessary)

7. Why do you believe these events occurred?

8. What other information do you think is relevant to our investigation?

9. If this complaint is resolved to your satisfaction, what remedies do you seek?

10. Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint:

Signed _____

Date _____

Please submit completed form to: (Tabitha Taylor, EO officer, 6600 Commons Drive, Prince George, VA 23875, Phone: 804.862.6155, VA Relay 7-1-1) the state EO Officer (Vicki Tanner, 300 Arboretum Place, Suite 200 Richmond, VA 23236) or the Director, Civil Rights Center (CRC), U. S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, D.C. 20210.