

West Virginia Division of Highways
Equal Employment Opportunity Division
Discrimination Complaint Form

1. *Your Name:*

Your Work Location and Work Telephone:

Your Preferred Contact Address:

Your Preferred Phone Number:

This address is home work

2. List the person(s) you believe discriminated against you or harassed you:

Name

Work Location

Work Telephone Number

3. Which of the following best describes why you believe you were discriminated against or harassed?

Age (40 & Above) Race Color Disability National Origin Ancestry

Sex (**Gender and/or** **Sexual Harassment**) Religion Retaliation

Other (describe): _____

4. On what date(s) did the alleged discrimination/harassment take place? _____

If you believe there was continuing discrimination/harassment, indicate the dates:

Most recent _____ First occurrence _____

5. Explain **briefly** and **clearly** the events that occurred. When alleging discrimination, include the names of other persons you believe were treated differently from you and describe the difference in treatment (if necessary, attach additional sheets). Also, attach any written documentation pertaining to this matter.

6. What do you want to happen to resolve your complaint?

The EEO complaint process allows investigators 45 calendar days from their appointment date to complete the investigation. Extensions may be granted should the investigators be unable to complete their investigation within the allotted time period. Upon completion of the investigation the investigative report will be submitted to the agency approving authority for review, with an agency decision rendered within 15 working days of the authority's receipt of the report.

I attest that the information provided is true and accurate to the best of my knowledge.

Signature of Complainant

Date