

EMPLOYMENT DISCRIMINATION COMPLAINT FORM



**OFFICE OF
CIVIL RIGHTS**

Please return this form by:
 Mail: P.O. Box 1088, Austin, TX 78704
 In-Person: 505 Barton Springs Road, Suite 515, Austin, TX, 78704
 Email: EEOIntake@austintexas.gov
 Telephone: (512) 974-3251 or
 Fax: (512) 974-3278

For assistance and language access services, send an E-mail to EEOIntake@austintexas.gov or call us at (512) 974-3251 (Ofrecemos asistencia en Español)

Please indicate if you have previously filed this complaint with any of the agencies below:

- Texas Workforce Commission Civil Rights Division (TWCCRD)
 Equal Employment Opportunity Commission (EEOC)

DATE RECEIVED (For Office Use Only):

Complainant Full Name:

Address Line 1:
Address Line 2:
City/State/Zip:
Home Phone #:
Other Phone #:
Email:

Complainant Representative (Optional): *(If you are represented by an attorney, please have them submit a letter of representation):*

Address Line 1:
Address Line 2:
City/State/Zip:
Phone #:
Fax #:

Preferred Form of Contact: (Please check)

- E-mail Telephone

Date Hired: **Position held:**
Still employed? Yes No

HR Personnel Officer/EEO Officer/or Highest Ranking Officer on work site:

Name of Employer

15 or more employees:
 Yes No

Company Address
Address Line 1:
Address Line 2:
City/State/Zip:
Phone #:

Company Officer Address
Address Line 1:
Address Line 2:
City/State/Zip:
Phone #:

BASIS: Please mark one or more reasons that you believe you were discriminated against:

Age *(You must be 40 years of age or older to qualify):*
 Date of Birth: _____
 Month/day/year
 Age at time of incident: _____

Color *(Based on skin color):*
 Black
 Brown
 White
 Other:

Disability:
 Disabled
 History of disability
 Regarded as disabled
(Pregnancy is NOT a disability unless you are regarded as disabled.)

GINA
 (Genetic Information Non-discrimination Act)

National Origin:
 African-American
 Anglo/Caucasian
 East Indian
 Hispanic
 Mexican
 Other:

Race:
 American Indian/Alaskan Native
 Asian/Pacific Islander
 Black
 White
 Other:

Religion:

Retaliation:
 Assisted another filing discrimination
 Filed a complaint of discrimination
 Participated in discrimination investigation.
ON THIS DATE:

 Month/day/year

Sex:
 Female
 Female/Pregnancy
 Male
 Sexual Harassment

Employment Harms or Actions (Mark all that apply)

<input type="checkbox"/> Demotion <input type="checkbox"/> Discharge <input type="checkbox"/> Discipline <input type="checkbox"/> Harassment <input type="checkbox"/> Hiring	<input type="checkbox"/> Layoff <input type="checkbox"/> Promotion <input type="checkbox"/> Reasonable Accommodation <input type="checkbox"/> Severance Pay <input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Suspension <input type="checkbox"/> Terms & Conditions <input type="checkbox"/> Training <input type="checkbox"/> Wages <input type="checkbox"/> Other:
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A formal charge must be signed and filed within 180 days from the date of the last adverse employment action or alleged violation, in order to protect the complainant's rights. The filing deadline may be extended to 300 days for alleged violations of sexual harassment.

DATE(S) DISCRIMINATION TOOK PLACE (Month/Day/Year)

Earliest (Month/Day/Year) ____/____/____	Latest (Month/Day/Year) ____/____/____	<input type="checkbox"/> CONTINUING ACTION
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Name and Position Title of person(s) who did the harm: 	(If filing under race, color, national origin, religion, sex, age, please provide the race, color, national origin, religion, sex, or age of the person(s) discriminating against you:)
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Did you complain of discrimination to your employer? Yes No

If Yes, date of complaint: ____/____/____ (Month/Day/Year)

Name and Position Title of person(s) you complained to:

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Explain why you believe the employment harm(s) and/or action(s) were discriminatory:

Employer's reason for its action:

Are there other employees treated more fairly than you? Yes No

If Yes, please provide the information below:

Full Name and Position Title 	(If filing under race, color, national origin, religion, sex, and/or age, please provide the race, color, national origin, religion, sex, or age of the person(s) treated more fairly than you.)

Do you have any witnesses?

Yes No

If Yes, please provide the information below:

Full Name and Position Title	Phone Number and Email Address

What are you seeking as a resolution to your case?

What is the most convenient method to contact you:

Email: Telephone: ()