



# Illinois Department on Aging

## Discrimination Complaint Form

To: Agency EEO/AA Officer

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Home Address \_\_\_\_\_

2. Are you currently employed by the agency? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Indicate your present job title, status, work unit, address, telephone number, and length of service in your current title:

Job Title	Status	Unit
Location	Phone Number	Length of Service in Classification

4. Date of the alleged discriminatory practice: \_\_\_\_\_

5. Basis of the alleged discriminatory practice:

Race     Color     Sex     Religion     Age     Disability  
 National Origin     Ancestry     Marital Status     Military Status     Pregnancy  
 Retaliation     Sexual Orientation    Other \_\_\_\_\_

6. The discrimination occurred in connection with:

Interview     Hiring Selection     Promotion     Disciplinary Action  
 Compensation     Transfer     Lay Off     Training Opportunity  
 Other (specify) \_\_\_\_\_

7. The facts of the alleged discriminatory employment practice are:

(Continue on additional sheets, if necessary)

8. Name(s), Title(s), Work Location(s) and Telephone Number(s) who you believe discriminated against you.

Name	Title	Location	Phone Number
Name	Title	Location	Phone Number

9. Please supply evidence to document the basis for the disciplinary practice you are claiming, as indicated in your response to number five of the form.

I have attached supporting evidence: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe attachments:

(Continue on additional sheets, if necessary)

10. Have you made an effort to resolve the discrimination through your supervisors, the grievance procedure or with any public or private organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain indicating the outcome of the efforts:

(Continue on additional sheets, if necessary)

\_\_\_\_\_

COMPLAINANT'S SIGNATURE AND DATE FILED EEO/AA OFFICER'S SIGNATURE AND DATE RECEIVED