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)