# Texas Department of Criminal Justice

**EEO COMPLAINT FORM**

## Complainant Information (Person Complaining)

<table>
<thead>
<tr>
<th>Name:</th>
<th>SSN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
<tr>
<td>Title:</td>
<td>Unit or Dept:</td>
</tr>
<tr>
<td>Work Shift:</td>
<td>Schedule Card:</td>
</tr>
<tr>
<td>Home Mailing Address:</td>
<td>Home or Cell Phone #:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>(Area Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

Name of Warden or Department Head: 

## Respondent Information (Person Complained Against)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
<th>Unit or Dept:</th>
</tr>
</thead>
</table>

### Date(s) of Discriminatory Event:

- Earliest: 
- Latest: 

### Are you complaining about:

- Slurs or Hostile Epithets? □ Yes □ No
  - If yes, explain: 
- Color Discrimination? □ Yes □ No
  - If yes, identify your color: 
- Race Discrimination? □ Yes □ No
  - If yes, identify your race: 
- National Origin Discrimination? □ Yes □ No
  - If yes, identify your national origin: 
- Gender Discrimination? □ Yes □ No
  - If yes, identify your gender: □ Male □ Female
- Discourteous Conduct of a Sexual Nature? □ Yes □ No
- Sexual Harassment? □ Yes □ No
- Age Discrimination? □ Yes □ No
  - If yes, identify your date of birth: 
- Disability Discrimination? □ Yes □ No
  - If yes, identify your disability: 
- EEO Retaliation? □ Yes □ No
  - If yes, retaliation for what EEO activities? 
- Genetic Information? □ Yes □ No
  - If yes, specify: 
- Religion? □ Yes □ No
  - If yes, identify your religious belief: 
- Other? □ Yes □ No
  - If yes, specify: 

PERS 497 (08/17)  Complainant’s Initials: ________  Date: ___________
STATEMENT
(Attach additional pages as needed. Number, sign, and date each additional page.)

1. Include specific details such as “who, what, when, and where” for each alleged event of your complaint.

The foregoing statement contains all of my complaint(s), all names of witnesses, and all names of individuals to whom I reported the alleged event. This complaint includes this two-page form and _____ additional pages attached, numbered, signed, and dated. I understand that in addition to any action the TDCJ may take in this matter, I may have filing rights with the Texas Workforce Commission, Civil Rights Division (TWC-CRD) and the U.S. Equal Employment Opportunity Commission (EEOC). I also understand that I may contact the Office of the Inspector General (OIG) if I elect to pursue criminal charges relating to this complaint.

Complainant Signature: ___________________________________ Date: _____________________ MM/DD/YYYY

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.