

**Texas Department of Criminal Justice
EEO COMPLAINT FORM**

Complainant Information (Person Complaining)

Name: _____ SSN: _____
 Last First MI

Title: _____ Unit or Dept: _____

Work Shift: _____ Schedule Card: _____

Home Mailing Address: _____ Home or Cell Phone #: _____
 Street Address (Area Code)

 City State Zip

Name of Warden or Department Head: _____

Respondent Information (Person Complained Against)

Name: _____ Title: _____ Unit or Dept: _____

Date(s) of Discriminatory Event:			Earliest: _____	Latest: _____
Are you complaining about:				
	(Check)			
Slurs or Hostile Epithets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, explain:	_____
Color Discrimination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, identify your color:	_____
Race Discrimination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, identify your race:	_____
National Origin Discrimination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, identify your national origin:	_____
Gender Discrimination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, identify your gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Discourteous Conduct of a Sexual Nature?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Sexual Harassment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Age Discrimination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, identify your date of birth:	_____
Disability Discrimination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, identify your disability:	_____
EEO Retaliation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, retaliation for what EEO activities?	_____
Genetic Information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify:	_____
Religion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, identify your religious belief:	_____
Other?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify:	_____

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.

2. List name(s) of all known witnesses and provide, in your own words, a summary of what the witness(es) may testify about the alleged event.

3. List name(s) of all individuals to whom you reported the alleged event and the date(s) you reported the alleged event.

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.