Texas Department of Criminal Justice  
EEO COMPLAINT FORM

Complainant Information (Person Complaining)

Name: ___________________________  Payee ID: ___________________________

Last Name: ______________________  First Name: ______________________

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: ___________________________  Email Address: ___________________________

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?  □ 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: ___________________________

Complainant’s Initials: ___________  Date: ___________  MM/DD/YYYY

PERS 497 (09/21)
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.