EEO Counselor______________
Tele#_______________________

d. District Department of Transportation
Office of Civil Rights

THE GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF TRANSPORTATION

EEO COMPLAINT INTAKE FORM

COMPLAINANT INFORMATION		
First Name:	**Last Name:**	**Mid. Initial:**
Race:	**Sex:**	
Address:		
City/State/Zip:		
Tele (Home):	**Tele (Work):**	**Email:**
Immediate Supervisor:		

REPRESENTATIVE (if applicable)		
First Name:	**Last Name:**	**Mid. Initial:**
Address:		
City/State/Zip:	**Telephone/Fax:**	
☐ **D.C. Government Employee**	☐ **Attorney**	☐ **Other**___________________________________

RESPONDENT (Alleged Discriminator)		
Name:	**Last:**	**MI:**
Title:	**Agency:**	**Office:**
Address:		
City/State/Zip:	**Tele/Fax:**	

BASIS OF COMPLAINT

Please check all that apply:

☐ **Race**____________ ☐ **Color**_________________ ☐ **Religion**_________________

☐ **Sex (Gender or Sexual Harassment)** ______________ ☐ **Sexual Orientation** ___________________

☐ **Gender Identity or Expression**___________________ ☐ **National Origin** ______________________

☐ **Age**______________ ☐ **Disability**_______________ ☐ **Personal Appearance**_________________

☐ **Family Responsibilities**_________________________ ☐ **Genetic Information**__________________

☐ **Matriculation**________________________ ☐ **Political Affiliation**_____________________

☐ **Reprisal/Retaliation**____

ISSUES

Please check all that apply:

☐ **Hostile Work Environment** ☐ **Disparate Treatment** ☐ **Accommodation (disability or religion)**

☐ **Promotion** ☐ **Demotion** ☐ **Transfer** ☐ **Discipline** ☐**Termination** ☐ **Hiring**

☐ **Compensation** ☐ **Terms and Conditions of employment** ☐ **Training** ☐ **Benefits**

☐ **Recognition (awards)** ☐ **Family/Medical Leave (FMLA)**

☐ **Other**____

DATE OF INCIDENT

Date(s) of Incident(s):

ANONYMITY

You have the right to anonymity; please check the appropriate box below:

☐ **I give permission for my name to be used during the counseling process**. (**Anonymity waived**).

☐ **I request anonymity during counseling**.

DESCRIPTION OF COMPLAINT

Complainant's Signature____________________________________ **Date**__________________

EEO Counselor's Signature__________________________________ **Date**__________________