

COMPLAINT FORM

COMPLAINANT INFORMATION

Last First M.I.

Work Address

Work Phone

Mailing Address

Home Phone

City State Zip

Position

RESPONDENT INFORMATION

Last First M.I.

Work Address

Work Phone

Mailing Address

Home Phone

City State Zip

Position

NATURE OF COMPLAINT

Please use the space below to explain the nature of your complaint. Please use the back of the form to include specific details:

BASIS OF ALLEGED DISCRIMINATION

If alleging discrimination, please state the basis of such alleged discrimination below.

WITNESSES	PHONE NUMBERS
1.)	
2.)	
3.)	
4.)	
5.)	

ALLEGATION

PLEASE DESCRIBE IN AS MUCH DETAIL AS POSSIBLE, INCLUDING DATES, PLACES AND PERSONS INVOLVED AND WITNESSES.

(PLEASE ATTACH ADDITIONAL DOCUMENTATION IF NECESSARY. EACH ADDITIONAL PAGE MUST BE SIGNED AND DATED.)

COMPLAINANT SHOULD COMPLETE THIS FORM IN ITS ENTIRETY (FRONT AND BACK) AND MAIL OR DELIVER TO:

CAREER SERVICE AUTHORITY, EMPLOYEE RELATIONS
201 W. Colfax, Dept. 412
DENVER, COLORADO
Fax (720) 913-5639

ER USE ONLY	
DATE COMPLAINT RECEIVED	_____
ANAYLST	_____

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS COMPLAINT IS TRUE TO THE BEST OF MY KNOWLEDGE AND VERIFY BY SIGNATURE THAT I HAVE BEEN INFORMED THAT MY FILING A COMPLAINT WITH CAREER SERVICE AUTHORITY DOES NOT PRECLUDE MY FILING A COMPLAINT ON DISCRIMINATION WITH THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC). I ALSO UNDERSTAND THAT UNLESS I FILE A COMPALINT WITH THE EEOC ON THIS MATTER WITHIN 300 DAYS OF ITS OCCURRENCE, I MAY NOT BE ABLE TO REFER THIS MATTER TO THAT AGENCY FOR ADDISTIONAL REVIEW.

COMPLAINANT

DATE