



Illinois Department on Aging

Discrimination Complaint Form

To: Agency EEO/AA Officer

1. Name _____ Telephone _____

Home Address _____

2. Are you currently employed by the agency? Yes _____ No _____

3. Indicate your present job title, status, work unit, address, telephone number, and length of service in your current title:

Job Title	Status	Unit
Location	Phone Number	Length of Service in Classification

4. Date of the alleged discriminatory practice: _____

5. Basis of the alleged discriminatory practice:

Race Color Sex Religion Age Disability
 National Origin Ancestry Marital Status Military Status Pregnancy
 Retaliation Sexual Orientation Other _____

6. The discrimination occurred in connection with:

Interview Hiring Selection Promotion Disciplinary Action
 Compensation Transfer Lay Off Training Opportunity
 Other (specify) _____

7. The facts of the alleged discriminatory employment practice are:

(Continue on additional sheets, if necessary)

8. Name(s), Title(s), Work Location(s) and Telephone Number(s) who you believe discriminated against you.

Name	Title	Location	Phone Number
Name	Title	Location	Phone Number

9. Please supply evidence to document the basis for the disciplinary practice you are claiming, as indicated in your response to number five of the form.

I have attached supporting evidence: Yes _____ No _____ If yes, describe attachments:

(Continue on additional sheets, if necessary)

10. Have you made an effort to resolve the discrimination through your supervisors, the grievance procedure or with any public or private organization? Yes _____ No _____

If yes, please explain indicating the outcome of the efforts:

(Continue on additional sheets, if necessary)

COMPLAINANT'S SIGNATURE AND DATE FILED EEO/AA OFFICER'S SIGNATURE AND DATE RECEIVED