Office Use ONLY
Date Received: ___/___/___
EEO Case No: _____

Print Form

Professional Standards Section
Human Resources Division
Broward County Governmental Center
115 South Andrews Avenue, Suite 119, Fort Lauderdale, FL 33301
Phone: 954-357-6500 TTY: 954-357-7888 Fax: 954-357-7889

EEO COMPLAINT FORM

Last Name: First Name: Middle Initial:

Home Ph. #: Work Ph. #: Cell Ph. #:

Home Address: Apt./Unit #:

City: State: Zip Code:

Job Title: Email Address:

Department: Division:

Supervisor's Name: Supervisor's Title:

Work Ph. # Department: Division:

Have you ever filed a grievance/complaint concerning this incident before? ◯ Yes ◯ No

If so, please list with whom:

Discriminatory action has been taken against me because of my: ***You MUST fill in the blank(s) next to your selection(s).***

☐ Race: _____ ☐ Religion: _____ ☐ National Origin: _____ ☐ Age: _____

☐ Color: _____ ☐ Sex: _____ ☐ Sexual Orientation: _____ ☐ Pregnancy

☐ Political Affiliation: _____ ☐ Gender Identity or Expression: _____

☐ Disability: _____ ☐ Marital Status: _____

☐ Retaliation ***Complete the following statement:*** I am experiencing retaliation because I previously:

What are you alleging happened to you? *(Example: Harassment, Denied Promotion, Disciplinary Action, Termination, etc.)*

Date(s) discriminatory action(s) took place:

List the individual(s) discriminating against you and their titles:

What discriminatory act(s) (personal harm) occurred against you? (Provide a detailed description of actions, comments or behavior, including the dates the alleged incidents occurred, if known.)

What reason(s) were given to you for the action(s) taken against you?

Are there other persons who were treated differently than you? If so, please list how they were treated.

Please list names of witnesses and telephone numbers.

By signing this document, I declare that I have completed this form in good faith and my answers and statements contained herewith are true and correct based on my current knowledge.

Printed Name

Sign and Date

Please return completed form to the Broward County Professional Standards Section