

CASE WESTERN RESERVE UNIVERSITY

STAFF INTERNAL EEO AND SEXUAL HARASSMENT COMPLAINT FORM

Name: _____

Department: _____ Phone: _____

Date of Hire: _____

Current Job Title: _____

A. Check below why you believe you were discriminated against.

- | | | | |
|---|-------|--|-------|
| <input type="checkbox"/> Race | _____ | <input type="checkbox"/> National Origin | _____ |
| <input type="checkbox"/> Sex | _____ | <input type="checkbox"/> Disability | _____ |
| <input type="checkbox"/> Color | _____ | <input type="checkbox"/> Religion | _____ |
| <input type="checkbox"/> Age | _____ | <input type="checkbox"/> Veteran Status | _____ |
| <input type="checkbox"/> Sexual Orientation | _____ | <input type="checkbox"/> Sexual Harassment | _____ |

Explain how you believe you were discriminated against, giving the date(s) on which this alleged discrimination took place and the name(s) and title(s) of the person(s) who you believe discriminated against you. (Attach additional sheets as necessary.)

What remedy are you seeking:

Signature

Date

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B. Response by EEO Director:

Signature_____	Date Presented to employee _____
Employee's Signature_____	Date received by employee _____

C. I hereby request reconsideration of my complaint by the EEO Panel because:

Employee's Signature_____	Date _____
EEO Director's Signature_____	Date Received_____
Signature of Chair of EEO Panel_____	Date Received_____

Response by EEO Panel

Signature of Chair of EEO Panel_____	Date returned to President_____
President's Signature_____	Date returned to EEO Director_____
Employee's Signature_____	Date received by employee_____AA50010694