



Please type or print. Sign and date all pages. Use additional pages if needed. Please note: Not all fields may be applicable to your situation. Any questions may be directed to the Office of Equal Opportunity at 360-705-7090.

Please submit completed form to: Washington State Department of Transportation
Office of Equal Opportunity
Attention: Complaints
PO Box 47314
Olympia WA 98504-7314
OR via email at oeoecrbcomplaints@wsdot.wa.gov

General Information			
Name			
Home Address			
Home Telephone		Cell Phone	
Employment			
Employer Name		Start Date	
Employer Address		End Date (If Applicable)	
City		State	Zip
Immediate Supervisor (Name and Title)			
Description/Location of Project or WSDOT Contract Number			
Length of Service with Employer (Year/Months)			
Signature			Date

Please state the nature of your complaint. Include all the facts upon which the complaint is based. If you believe you were discriminated against, include the date(s) the alleged acts of discrimination took place, who was involved, and how you feel others were treated differently than you. Attach additional written materials if needed.

Has this ever happened before?

Yes

No (If yes, please explain.)

Signature

Date

Has this ever happened to anyone else?	Yes	No (If yes, please explain.)
Have you addressed your concerns with your immediate supervisor?	Yes	No (If yes, please explain.)
Have you addressed your concerns with the company's Equal Employment Officer?	Yes	No (If yes, please explain.)
Does the company have an Equal Employment/Non-Discrimination Policy?	Yes	No
Have you addressed your concerns with the prime contractor (if applicable)?	Yes	No (If yes, please explain.)
Have you addressed your concerns with the project office (if applicable)?	Yes	No (If yes, please explain.)
Have you filed a complaint with any other agency?	Yes	No (If yes, list the agency and date filed.)

Signature	Date
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If there is other information relevant to the complaint, please describe:

List any person(s) we may contact for further information to support or clarify your complaint (witness, fellow employees, supervisors, others).

Name

Position/Title

Mailing Address

Phone

Name

Position/Title

Mailing Address

Phone

Name

Position/Title

Mailing Address

Phone

I affirm under penalty of perjury that the information provided is true to the best of my knowledge. I understand that all information I provide is subject to public disclosure laws.

Signature of Complainant Date

Official Use Only

Title VI/ EEO:

Race
Color
National Origin
Sex
Discrimination
Harassment
Hostile Work Environment
Unequal Terms and Conditions

DBE:

Prompt Payment
Certification
Retainage
Fraud

Complaint Accepted:

Yes No

Signature of Lead Investigator

Date

Signature of Office of Equal Opportunity Director

Date