

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:

Send 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

Last Name		First Name	
Home Address			
City		State	Zip
Home Telephone		Cell Phone	

EMPLOYMENT

Employer Name		Start Date	
Employer Address		End Date (If Applicable)	
City		State	Zip
Immediate Supervisor (Name & Title)			
Description/Location of Project or WSDOT Contract No.			
Length of Service with Employer (Year/Months)			

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. Continue on the second page. Attach additional written materials if needed.

Signature	Date
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Has this ever happened before? Yes No
If yes, please explain.

Has this happened to anyone else? Yes No
If yes, please explain.

Signature	Date
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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, please list the agency and date filed.

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

Signature	Date
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Please 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

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Signature

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