# Texas Department of Criminal Justice
## EEO COMPLAINT FORM

### Complainant Information (Person Complaining)

<table>
<thead>
<tr>
<th>Name:</th>
<th>SSN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title:</th>
<th>Unit/Dept:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Work Shift:</th>
<th>Schedule Card:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Mailing Address:</th>
<th>Home/Cell Telephone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>(Area Code)</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
</tbody>
</table>

| Name of Warden/Department Head: |

### Respondent Information (Person Complained Against)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
<th>Unit/Dept:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date(s) of Discriminatory Event:</th>
<th>Earliest:</th>
<th>Latest:</th>
</tr>
</thead>
</table>

### Is the discrimination based on:

- **Color?**
  - [ ] Yes
  - [ ] No
  - If yes, identify your color: ____________________________

- **Race?**
  - [ ] Yes
  - [ ] No
  - If yes, identify your race: ____________________________

- **National origin?**
  - [ ] Yes
  - [ ] No
  - If yes, identify your national origin: ____________________________

- **Sex?**
  - [ ] Yes
  - [ ] No
  - If yes, identify your sex: ____________________________
  - [ ] Male
  - [ ] Female

- **Sexual Harassment?**
  - [ ] Yes
  - [ ] No
  - If yes, identify your sex: ____________________________
  - [ ] Male
  - [ ] Female

- **Age?**
  - [ ] Yes
  - [ ] No
  - If yes, identify your date of birth: ____________________________

- **Disability?**
  - [ ] Yes
  - [ ] No
  - If yes, identify your disability: ____________________________

- **Retaliation?**
  - [ ] Yes
  - [ ] No
  - If yes, retaliation for having done what? ____________________________

- **Genetic Information?**
  - [ ] Yes
  - [ ] No
  - If yes, specify: ____________________________

- **Religion?**
  - [ ] Yes
  - [ ] No
  - If yes, identify your religious belief: ____________________________

- **Other?**
  - [ ] Yes
  - [ ] No
  - If yes, specify: ____________________________

<table>
<thead>
<tr>
<th>Complainant’s Initials:</th>
<th>Date: MM/DD/YYYY</th>
</tr>
</thead>
</table>
STATEMENT
(Attach additional pages as needed. Number, sign, and date each additional page.)

1. Include specific details such as “who, what, when, and where” for each alleged event of your complaint.

2. List name(s) of all known witnesses and provide, in your own words, a summary of what the witness(es) may testify about the alleged event.

3. List name(s) of all individuals to whom you reported the alleged event and the date(s) you reported the alleged event.

The foregoing statement contains all of my complaint(s), all names of witnesses and all names of individuals to whom I reported the alleged event. This complaint includes this two-page form and _____ additional pages attached, numbered, signed, and dated. I understand that in addition to any action the TDCJ may take in this matter, I may have filing rights with the Texas Workforce Commission, Civil Rights Division (TWC-CRD) and the U.S. Equal Employment Opportunity Commission (EEOC). I also understand that I may contact the Office of the Inspector General (OIG) if I elect to pursue criminal charges relating to this complaint.

Complainant Signature: _______________________________ Date: ____________________

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.

PERS 497 (01/10)