



ALEXANDRIA | ARLINGTON REGION

Equal Opportunity (EO) Complaint Form

1. Complainant Information

Name _____

Address _____

Phone number _____

2. Respondent Information

Provide the name, address and phone number of the agency involved

3. What is the most convenient time and place for us to contact you about this complaint?

4. To your best recollection on what date(s) did the discrimination take place?

Date of first occurrence _____

Date of most recent occurrence _____

5. Have you ever attempted to resolve this complaint

Yes _____ No _____

If yes, have you been provided with a final decision regarding your complaint?

Yes _____ No _____

6. Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also, attach any written material pertaining to your case. (Use additional pages if necessary)

7. Why do you believe these events occurred?

8. What other information do you think is relevant to our investigation?

9. If this complaint is resolved to your satisfaction, what remedies do you seek?

10. Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint:

Name _____

Signature _____

Date _____

Please send completed form to dremick@arlingtonva.us or David Remick, Alexandria/Arlington Regional Workforce Council, 2100 Washington Blvd., 1st Floor, Arlington, VA 22204