



CITY OF EAST PROVIDENCE
145 Taunton Avenue
East Providence RI 02914
Elmer C. Pina – (401) 435-7509

Office of Affirmative Action & Equal Employment Opportunity
EEO Complaint Form

EEO Complaint # _____ (For Office use only)

Today's Date: ___/___/___

1. **COMPLAINANT INFORMATION**

Name:

Preferred Mailing Address:

Telephone Numbers: Work:

Home:

Mobile:

Preferred Email Address:

2. **Name of Department:**

What is your title / position?

Old position:

New position:

Number of years employed with the City?

3. **Name of immediate Supervisor:**

4. **Respondent information:**

Name and title of person (s) you're complaining about:

5. **Date(s) of Alleged Violation(s):**

6. **Place of Alleged Violation(s):**

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7. Basis of Complaint (Check all that apply)

Answer this portion **ONLY** if you believe you're being or you've been discriminated against on the basis of your:

Race: _____ (If checked, please specify) _____

Color: _____ (If checked, please specify) _____

Sex / Gender: _____

Marital Status: _____

Age: _____ (If checked, indicate date of birth) _____

National Origin: _____ (If checked, please specify) _____

Disability: _____ (If checked, please specify) _____

Religion: _____ (If checked, please specify) _____

Sexual Harassment: _____

Sexual Orientation: _____

Gender Identity: _____

Genetic Information: _____

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8. Nature of Charge: (Circle all that apply)

Hiring / Promotion

Discharge / Termination

Training

Qualification / Testing

Intimidation / Reprisal

Harassment

Hostile Work Environment

9. Have you filed a grievance regarding issues related to this complaint?

Yes_____ No_____

10. Please explain the circumstance of the alleged discrimination and how you were discriminated against. **Please indicate who was involved and be sure to include how other people were treated differently from you.**

IF YOU DO NOT FILL OUT THIS PORTION IN WRITING, YOUR COMPLAINT CANNOT BE PROCESSED.

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