

Internal EEO Complaint Form

BASIC INFORMATION ABOUT COMPLAINANT
 Please fill out completely

Full Name:	Today's Date:
Hospital/Entity:	Department/Unit:
Job Title:	Phone Number:
Email Address:	Immediate Supervisor's Name:

BASIS OF COMPLAINT
 Check all that apply

	<u>Unlawful Discrimination</u>	<u>Unlawful Harassment</u>
Age	<input type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>
National Origin	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Color	<input type="checkbox"/>	<input type="checkbox"/>
Sex/Sexual Harassment	<input type="checkbox"/>	<input type="checkbox"/>
Religion	<input type="checkbox"/>	<input type="checkbox"/>
Familial Status	<input type="checkbox"/>	<input type="checkbox"/>
Marital Status	<input type="checkbox"/>	<input type="checkbox"/>
Genetic Information	<input type="checkbox"/>	<input type="checkbox"/>
Veteran Status	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>
Gender Identification	<input type="checkbox"/>	<input type="checkbox"/>

RETALIATION

Are you alleging retaliation? If yes:

Have you complained of or filed a previous EEO complaint?

- No
 Yes (Provide date(s) _____)

Have you assisted in and/or were you involved in a previous EEO complaint?

- No
 Yes (date(s) _____)

ORGANIZATIONAL EQUITY

410-614-1558 (phone)

410-367-2982 (fax)

EEOconcerns@jhmi.edu



JOHNS HOPKINS
M E D I C I N E

	How would you like to see this matter resolved? _____ _____ _____
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Issue #2

Date:	Description: _____ _____ _____ _____ _____ _____ _____ _____
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Please list any individuals involved in what you described and explain the role they played:		
<u>Name</u>	<u>Job Title</u>	<u>Contact Information</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

	How did you respond to what you described above? _____ _____
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	How would you like to see this matter resolved? <hr/> <hr/> <hr/> <hr/>

6. Have you discussed what you described in Question 1 with anyone? YES NO
If you answered yes above, fill out chart below.

Name	Person's Title	When Discussion Occurred	Where Discussion Occurred	What Was Discussed

PRINT NAME

SIGNATURE

DATE

