

**ORGANIZATIONAL EQUITY**

410-614-1558 (phone)  
410-367-2982 (fax)  
EEOconcerns@jhmi.edu



**Internal EEO Complaint Form**

**BASIC INFORMATION ABOUT COMPLAINANT**

Please fill out completely

|   |   |
|---|---|
| <b>Full Name:</b>                             | <b>Date of Hire:</b>  |
| <b>Mailing Address:</b>                       | <b>Job Title:</b>   |
| <b>Hospital/Entity:</b><br><b>Department:</b> | <b>E-mail Address:</b>  |
| <b>Cellular Telephone Number:</b>             | <b>Supervisor's Name:</b><br><br><b>Supervisor's Contact Information:</b> |

**BASIS OF COMPLAINT**

Check all that apply

**Unlawful Discrimination**

**Unlawful Harassment**

|                                       |                          |                          |
|---------------------------------------|--------------------------|--------------------------|
| <b>Age</b>                            | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Race</b>                           | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Disability</b>                     | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>National Origin</b>                | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Pregnancy</b>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Color</b>                          | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Sex/Sexual Harassment</b>          | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Religion</b>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Familial Status</b>                | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Marital Status</b>                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Genetic Information</b>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Veteran Status</b>                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Sexual Orientation</b>             | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Gender Identification</b>          | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other (please describe):</b> _____ |                          |                          |

**RETALIATION**

|  |                          |                                     |                                       |
|--|--------------------------|-------------------------------------|---------------------------------------|
| <b>Previously Filed an EEO Complaint</b>         | <input type="checkbox"/> | <b>Date of Complaint:</b> _____     | <b>Filed With:</b> _____              |
| <b>Opposed an Unlawful Activity</b>              | <input type="checkbox"/> | <b>Date of Action:</b> _____        | <b>Submitted to/Spoke With:</b> _____ |
| <b>Requested an Accommodation</b>                | <input type="checkbox"/> | <b>Date of Request:</b> _____       | <b>Submitted to:</b> _____            |
| <b>Participated in an Internal Investigation</b> | <input type="checkbox"/> | <b>Date of Participation:</b> _____ |                                       |

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**DESCRIBE WHAT HAPPENED**  
Please fill out completely

1. Describe what happened. Use additional page(s) if necessary or attach documents.

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2. Give date(s) of what you described in number 1.

| Date | Description |
|------|-------------|
|      |             |
|      |             |
|      |             |
|      |             |

3. Please list any individuals involved in what you described in Question 1. Include the individual’s job title and contact information, if known.

| Name | Job Title | Contact Information |
|------|-----------|---------------------|
|      |           |                     |
|      |           |                     |
|      |           |                     |
|      |           |                     |

4. Please list any witnesses to what you described in Question 1. Please include the individual’s name, job title, and contact information, if known.

| Name | Job Title | Contact Information |
|------|-----------|---------------------|
|      |           |                     |
|      |           |                     |
|      |           |                     |
|      |           |                     |

5. How did you respond to what you described in Question 1?

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

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

**RESOLUTION SOUGHT**  
Please fill out completely

How would you like to see this matter resolved? Use additional page(s) if necessary.

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**DOCUMENTATION**  
Please fill out completely

Please list below and attach any documentation you wish to submit to support your allegation(s). Use additional page(s) if necessary. Identify Document(s) Attached:

| No. | Description |
|-----|-------------|
|     |             |
|     |             |
|     |             |

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

