

Johns Hopkins Health System

Internal EEO Complaint Form

Phone: 410-614-1558 Fax: 410-367-2982

E-Mail: eoconcerns@jhmi.edu

BASIC INFORMATION ABOUT COMPLAINANT

Please fill out completely

Full Name:	Job Title:
Mailing Address:	Date of Hire:
Work Location: Entity:	E-mail Address:
Department:	
Home Telephone Number:	Supervisor's Name:
Work Telephone Number:	Supervisor's Contact Information:
Cellular Telephone Number:	

BASIS OF COMPLAINT

Check all that apply

Unlawful Discrimination

Unlawful Harassment

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"/>
Other (please describe): _____		

RETALIATION

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

DESCRIBE WHAT HAPPENED
Please fill out completely

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

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?

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.

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

Directions: Please use the space below if you need to supplement your answers to any of the questions on the Internal EEO Complaint form. Please identify the question to which you are supplementing an answer.

Name _____

Preferred Contact Information (Email or Mailing Address) _____
