

**MIAMI COUNTY
PERSONNEL POLICY MANUAL**

EEO/ANTI-DISCRIMINATION COMPLAINT FORM

**FORM 11
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Individuals who feel they have been discriminated against on the basis of race, color, religion, sex, national origin, age, or disability, or feel they have been harassed, bullied or subject to workplace violence may file a complaint by completing this form and submitting it to the department head, EEO coordinator, or other persons designated in Section 2.03 of the personnel policy manual.

1. Name of complainant: _____

Classification (if employee): _____

Address (if non-employee): _____

2. Type of discrimination or harassment alleged:

- Racial Religious Sex National Origin
 Color Disability Age Workplace Bullying
 Other: _____

I believe the following program, service, or facility is inaccessible to disabled people:

3. Name(s) of individual(s) involved in the alleged discrimination:

4. Please describe the specific nature of your complaint:

Check here and add attachment if additional space is required.

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Please describe any adverse employment action which you believe has resulted from the alleged discrimination: _____

Potential Witnesses: _____

When was the allegation first reported? _____

Date Reported: _____ To Whom: _____

What remedy or accommodation are you requesting?

Signature

Date