FORMAL EEO COMPLAINT FORM

West Virginia EEO Office
50 Dee Drive, Charleston, WV 25311
Main #304-558-0400 Fax #304-558-3861

It is your RIGHT as a West Virginia state employee to file a Formal EEO Complaint Form if you feel you have been harassed or discriminated against in the workplace on the basis of your race, color, national origin, sex, gender, age, mental or physical disability, military status, medical history pursuant to GINA, political affiliation, tobacco use, religion, or retaliated against because you filed an earlier EEO complaint or participated in a protected workplace activity.

A West Virginia state employee who feels he/she has been subjected to unlawful workplace discrimination or harassment is urged to discuss INFORMAL RESOLUTION and MEDIATION with an EEO Counselor before filing a formal EEO complaint. Informal Resolution and Mediation are designed to attempt resolution of an EEO dispute more quickly than the formal EEO Complaint and Investigation Process. However, it is your right to forego both informal resolution and mediation.

Once you have completed this form, you may give it to your EEO Counselor, or you may mail it directly to the WV Equal Employment Opportunity Office at the above-listed address, or you may fax to the WV Equal Employment Opportunity Office at the above-listed fax number.

Please fill out this form as completely as possible. Use additional sheets of paper as needed.

Please contact the EEO Office or your agency EEO counselor if you have questions about this form.

__________________________________________________________________________

Name

__________________________________________________________________________

Home Address

__________________________________________________________________________

Home Telephone Number

__________________________________________________________________________

Other Telephone Number Where You May Be Reached

__________________________________________________________________________

Your Work Telephone Number

__________________________________________________________________________

Email Address

__________________________________________________________________________

Agency Where You Work

__________________________________________________________________________

Your Work Address
List the person(s) you allege discriminated against or harassed you.

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<th>Name</th>
<th>Work Address</th>
<th>Work Telephone Number</th>
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Which of the following best describes why you believe you were discriminated against or harassed:

[ ] Race
[ ] Color
[ ] National Origin
[ ] Sex
[ ] Age
[ ] Mental Disability
[ ] Physical Disability
[ ] Military Status (USERRA)
[ ] GINA violation(specify)
[ ] Political Affiliation
[ ] Tobacco Use
[ ] Religion
[ ] Other
[ ] Retaliation (Identify earlier EEO complaint, with date, or protected workplace activity, with date)

On what date(s) did the alleged discrimination/harassment take place? ______________

If there was continuing discrimination/harassment, indicate the dates.

Most recent______________________  First occurrence______________________

Explain the events that occurred. How were you treated differently from other persons at your workplace? You may attach a statement or explanation separately, if you need more space. You also may attach any written documentation pertaining to this matter, such as emails or letters you received, or documentation or notes you made.

________________________________________________________________________________________
________________________________________________________________________________________
List any witnesses you believe have direct knowledge of your allegation whom we may contact for additional information to support or clarify your complaint.

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What resolution do you seek?

Additional Comments:
**Explanation of EEO Investigation Process**

The State EEO Investigation Process allows investigators forty-five (45) working days from their appointment date to complete the investigation into this EEO complaint. Should the investigators be unable to complete their investigation within the allotted time period, they may request an extension from the West Virginia Equal Employment Opportunity Office Director. You will be notified if such an extension is requested.

Upon completion of the investigation, a completed EEO Investigative Report and all accompanying investigative materials are submitted to the West Virginia Equal Employment Opportunity Office Director for review. The EEO Director has fifteen (15) working days to complete his/her review.

Subsequent to the review by the EEO Director, the EEO Investigative Report and all accompanying materials are submitted to your agency administrator or his/her designee for review and action. A decision concerning the actions which may be taken by the agency should be rendered within fifteen (15) working days.

Should the EEO Investigation find that unlawful harassment or discrimination has occurred, you will be notified that the case has been decided and that it has been “substantiated.” Should the EEO Investigation find that there are not sufficient grounds for a finding that unlawful harassment or discrimination has occurred, you will be notified that the case has been “not substantiated.” In either case, you will not be notified of any employment action which has been taken against any Respondent(s) in this case, as employment actions are protected under the federal Privacy Act.

I, the undersigned, attest that the information provided in this **Formal EEO Complaint** is true and accurate to the best of my knowledge.

___________________________________  ______________________
Signature of Complainant                      Date

Revised July 2019
WV EEO Office
Tia Welch, Director