KENTUCKY TRANSPORTATION CABINET
OFFICE FOR CIVIL RIGHTS & SMALL BUSINESS DEVELOPMENT

EEO COMPLAINT

INSTRUCTIONS
Complete this form and submit it in accordance with the Transportation Cabinet's EEO/Civil Rights Complaint Procedures, GAP-902. **Please attach additional pages as necessary and sign and date each page.**

SECTION 1: EMPLOYEE INFORMATION

FIRST NAME	**LAST NAME**	**BEST CONTACT #**	
HOME MAILING ADDRESS *(street)*	**CITY**	**STATE**	**ZIP**
WORK MAILING ADDRESS *(street)*	**CITY**	**STATE**	**ZIP**

JOB STATUS *(Check all that apply.)*

☐ Probational ☐ Classified ☐ Unclassified ☐ Full Time ☐ Part Time ☐ Interim
☐ Contract ☐ Applicant for Initial State Employment

SECTION 2: HARASSMENT/DISCRIMINATION COMPLAINT INFORMATION

TYPE OF ALLEGED DISCRIMINATION *(as supported in your statements)*

☐ Race ☐ Color ☐ National Origin ☐ Religion ☐ Sex ☐ Age (40 or over) ☐ Retaliation ☐ Disability
☐ Smoking Status ☐ HIV Status ☐ Sexual Orientation ☐ Gender Identity ☐ Political Affiliation

NATURE OF ALLEGED HARASSMENT/DISCRIMINATION *(Attach additional pages as necessary.)*

SECTION 3: EMPLOYEE SIGNATURE & DATE

SIGNATURE *(employee)* **DATE**

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SECTION 4: EVIDENCE & WITNESS INFORMATION

1. What evidence support s your discrimination complaint? *(Attach additional pages as necessary.)*

2. Witnesses

SECTION 5: ATTEMPTED RESOLUTIONS & RECOMMENDATIONS TO MANAGEMENT

1. What have you done to try to resolve this problem?

2. What is your desired outcome?

SECTION 6: EMPLOYEE SIGNATURE & DATE

SIGNATURE *(employee)* **DATE**