



**PEF EMPLOYMENT DISCRIMINATION INTAKE FORM**

**MEMBER'S INFORMATION**

MEMBER'S NAME: \_\_\_\_\_

PHONE NUMBER: Home \_\_\_\_\_ Work: \_\_\_\_\_

PERSONAL E-MAIL:  
\_\_\_\_\_

NAME OF AGENCY: \_\_\_\_\_

TITLE: \_\_\_\_\_ GRADE: \_\_\_\_\_

WORK LOCATION: \_\_\_\_\_ WORK ADDRESS: \_\_\_\_\_

YEAR HIRED AT THE AGENCY: \_\_\_\_\_ REGION: \_\_\_\_\_ DIVISION. # \_\_\_\_\_

WHO IS YOUR FIELD REPRESENTATIVE? \_\_\_\_\_

WHO ARE YOU FILING A COMPLAIT AGAINST? \_\_\_\_\_

DID YOU DISCUSS THE MATTER WITH YOUR SUPERVISOR?  YES  
 NO. "IF YES, PROVIDE THE DATE(s) AND  
SUBMIT AN ATTACHMENT WITH THE DETAILS"

DID YOU INFORM YOUR COUNCIL LEADER AND/OR STEWARD?  YES  
 NO. "IF YES, PROVIDE THE DATE(s) AND  
SUBMIT AN ATTACHMENT WITH THE DETAILS"

DID YOU INFORM YOUR FIELD REPRESENTATIVE?  YES  
 NO. "IF YES, PROVIDE THE DATE(s)  
AND SUBMIT AN ATTACHMENT WITH THE DETAILS"

**COMPLAINT INFORMATION**

BRIEFLY STATE THE BASIS OF YOUR COMPLAINT (SUBMIT ADDITIONAL PAGES WITH THE DETAILS AS AN ATTACHMENT)

**CHECK ALL THAT APPLY**

PROTECTED GROUP IDENTITY (e.g., Race, color, sexual orientation etc.) \_\_\_\_\_

AGE: \_\_\_\_\_ ARREST RECORD: Y    N    CREED/RELIGION: \_\_\_\_\_

FAMILY STATUS: \_\_\_\_\_

GENDER IDENTITY OR EXPRESSION: \_\_\_\_\_

MARITAL STATUS:    Single    Married    Separated    Divorced    Widowed

MILITARY STATUS:    Yes    RESERVES    VETERAN    No

NATIONAL ORIGIN: \_\_\_\_\_

PREDISPOSING GENETIC CHARACTERISTICS: \_\_\_\_\_

PREGNANCY – RELATED CONDITION: \_\_\_\_\_

RACE / COLOR OR ETHNICITY – PLEASE SPECIFY: \_\_\_\_\_

RELATIONSHIP OR ASSOCIATION: \_\_\_\_\_

RETALIATION: \_\_\_\_\_

SEX: --PLEASE SPECIFY: \_\_\_\_\_

SEXUAL ORIENTATIN – PLEASE SPECIFY: \_\_\_\_\_

USE OF GUIDE DOG: Y    N    HEARING DOG: Y    N    OR SERVICE DOG: Y    N

VICTIM OF DOMESTIC VIOLENCE: Y    N

DID YOU FILE A COMPLAINT WITH ANY OF THE FOLLOWING AGENCIES EEOC/DHR/OER (ADID)? Y    N  
IF SO, PLEASE ATTACH THE FILED COMPLAINT AND ALL CORRESPONDING DOCUMENTS.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**“FOR PEF OFFICIAL USE ONLY”**

**PEF CASE NUMBER:**

\_\_\_\_\_

**Intake Date:**

\_\_\_\_\_

**Reviewed By and Date:**

\_\_\_\_\_