100.11 APPENDIX C

Complete this form entirely; then print and sign before submitting.

Government of the United States Virgin Islands

DIVISION OF PERSONNEL

Formal Discrimination/Harassment (All forms)/Retaliation

COMPLAINT FORM

Please type or clearly print all information. DATE FILED:_____

COMPLAINANT INFORMATION			
LAST NAME (include: Sr./Jr./II, etc.)	FIRST NAME	MIDDLE NAME	
HOME ADDRESS	CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	
JOB TITLE	AGENCY	UNIT	
WORK E-MAIL ADDRESS			

COMPLAINANT STATUS (CHECK APPLICABLE BOX

☐ EMPLOYEE ☐ VOLUNTEER ☐ OTHER

If you check "other" specify whether: ☐ JOB APPLICANT ☐ VENDOR ☐ OTHER (CUSTOMER)

NAME AND TITLE OF PERSON(S) YOU BELIEVE DISCRIMATED AGAINST YOU/HARASSED/ OR RETALIATED AGAINST YOU

NAME	JOB TITLE	AGENCY/UNIT
NAME	JOB TITLE	AGENCY/UNIT
NAME	JOB TITLE	AGENCY/UNIT

BASIS OF COMPLAINT (CHECK APPLICABLE BOX OR BOXES

☐ RACE	☐ HARASSMENT ALL FORMS	☐ ANCESTRY	☐ DISABILITY/ PERCEIVED DISABILITY	☐ AFFECTIONAL OR SEXUAL ORIENTATION
☐ SEX/GENDER	☐ AGE	☐ NATIONAL ORIGIN/ NATIONALITY	☐ GENDER IDENTITY OR EXPRESSION	☐ DOMESTIC PARTNERSHIP STATUS
☐ COLOR	☐ RETALIATION	☐ RELIGION/CREED	☐ MARITAL STATUS	☐ CIVIL UNION STATUS
☐ VETERAN STATUS OR LIABILITY FOR MILITARY SERVICE		☐ A TYPICAL HEREDITY CELLUALR OR BLOOD TRAIT	☐ USE OF GENETIC INFORMATION, INCLUDING REFUSAL TO SUBIT TO OR PROVIDE RESULTS OF GENETIC TEST	

DESCRIPTION OF COMPLAINT: List each incident separately and describe in detail the incident(s) and time and place of occurrence.

DESCRIPTION OF INCIDENT	DATE OF INCIDENT
	WAS INCIDENT REPORTED TO ANYONE? IF YES, WHO?
	DATE REPORTED
DESCRIPTION OF INCIDENT	DATE OF INCIDENT

	WAS INCIDENT REPORTED TO ANYONE? IF YES, WHO?
	DATE REPORTED
DESCRIPTION OF INCIDENT	DATE OF INCIDENT
	WAS INCIDENT REPORTED TO ANYONE? IF YES, WHO?
	DATE REPORTED
DESCRIPTION OF INCIDENT	DATE OF INCIDENT
	WAS INCIDENT REPORTED TO ANYONE? IF YES, WHO?
	DATE REPORTED
DESCRIPTION OF INCIDENT	DATE OF INCIDENT
	WAS INCIDENT REPORTED TO ANYONE? IF YES, WHO?
	DATE REPORTED

REMEDY SOUGHT (EXPLANATION)

NOTE: The Complainant has a right to use the external procedures available under state law (Division on Civil Rights) and federal law (Equal Employment Opportunity Commission). Information regarding external procedures is contained in the Policy Statement and on posters located in Division of Personnel and Human Resources Office.

COMPLAINANT'S SIGNATURE	**Date**
INVESTIGATOR SIGNATURE	**Date**

The completed form is to be given to a Supervisor, Human Resources Officer, Department Head or Director of the Division of Personnel.