



## CITY OF PROVIDENCE

Angel Taveras, Mayor

### Office of Equal Employment Opportunity EEO Complaint Form

EEO Complaint # \_\_\_\_\_ (For office Use)

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TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### 1. COMPLAINANT INFORMATION

NAME:

Preferred mailing address:

Telephone Numbers: Work:

Home:

Mobile:

Preferred Email address:

#### 2. Name of Department:

What is your title / position?

Old position:

New position:

Number of years with City?

#### 3. Name of immediate Supervisor:

#### 4. Respondent information

Name & title of person(s) you're complaining about:

#### 5. Date(s) of Alleged Violation(s):

#### 6. Place of Alleged Violation(s):

**7. Basis of Complaint (Check all that apply)**

**Answer this portion ONLY if you believe you're being or you've been discriminated against on the basis of your:**

Race: \_\_\_\_\_ (If checked, please specify) \_\_\_\_\_

Color: : \_\_\_\_\_ (If checked, please specify) \_\_\_\_\_

Sex/Gender: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Age: \_\_\_\_\_ (If checked, then indicate your date of birth)

National Origin: \_\_\_\_\_ (If checked, Please specify) \_\_\_\_\_

Disability: \_\_\_\_\_ (If checked, Please specify) \_\_\_\_\_

Religion: \_\_\_\_\_ (If checked, Please specify) \_\_\_\_\_

Sexual Harassment

Sexual Orientation: \_\_\_\_\_

Gender Identity: \_\_\_\_\_

Genetic Information: : \_\_\_\_\_

**HUMAN RESOURCES**

Providence City Hall | 25 Dorrance Street, Room 401, Providence, Rhode Island 02903  
401 421 7740 ph | 401 273 9510 fax

**[www.providenceri.com](http://www.providenceri.com)**

**8. Nature of Charge: (Circle all that apply)**

Hiring / Promotion

Discharge / Termination

Training

Qualification / Testing

Intimidation / Reprisal

Harassment

Hostile Work Environment

**9. Have you filed a grievance regarding issues related to this complaint?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**10. Please explain the circumstances of the alleged discrimination and how you were Discriminated against. Indicate who was involved and be sure to include how other people were treated differently from you.**

**IF YOU DO NOT FILL OUT THIS PORTION IN WRITING, YOUR COMPLAINT CANNOT BE PROCESSED.**

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**Attach Additional Pages, If Necessary**

**11. Have You Brought These Events To Anyone Else's Attention? If So, Please State Who & When The Events Were Brought To Their Attention?**

**12. Please list any witnesses, including fellow employees, supervisors, or others we may contact for additional information to support or clarify your complaint.**

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