

EMPLOYMENT DISCRIMINATION COMPLAINT FORM**Texas Workforce Commission Civil Rights Division**

Please return this form by:

Mail: 101 East 15th Street, #144T, Austin, TX 78778-0001

Email: EEOIntake@twc.state.tx.us

Telephone: (888) 452-4778 or

Fax: (512) 463-2643 (Please include a cover sheet with your name and the total # of pages included.)

TWCCRD# _____

EEOC# _____

Please indicate if you have previously filed this complaint with any of the agencies below:

- ☐ Texas Workforce Commission Civil Rights Division (TWCCRD)
☐ Equal Employment Opportunity Commission (EEOC)
☐ City of Austin Equal Employment and Fair Housing Office
☐ Corpus Christi Human Relations Division
☐ Fort Worth Human Relations Department

DATE RECEIVED (For Office Use Only):

Please be sure you provide all the information requested. For Assistance, send an E-mail to EEOIntake@twc.state.tx.us or call (888) 452-4778. (Ofrecemos asistencia en Español)

Complainant Full Name:

Sally McCormick

Complainant Representative (Optional): (If you are represented by an attorney, please have them submit a letter of representation):**Address Line 1:** 123 Maple Ave.**Address Line 1:****Address Line 2:****Address Line 2:****City/State/Zip:** Cincinnati OH 45422**City/State/Zip:****Home Phone #:** 937-123-1234**Phone #:****Other Phone #:****Fax #:****Email:****Preferred Form of Contact: (Please check)**☐ E-mail ☐ Telephone

Inappropriate joke floating around the office regarding women in the workplace.

Date Hired: **Position held:**Still employed? ☐ Yes ☐ No**HR Personnel Officer/EEO Officer/or Highest Ranking Officer on work site:****Name of Employer (Please be sure to give the complete Company name and address where you physically worked)****15 or more employees:**☐ Yes ☐ No

Acme, Inc.

Address Line 1: 123 Maple Ave.**Address Line 1:****Address Line 2:** Building 1**Address Line 2:****City/State/Zip:** Cincinnati OH 45422**City/State/Zip:****Phone#:** 800-111-1111**Phone#:**

BASIS: I believe I have been discriminated against in violation of state law (Texas Labor Code, Chapter 21) and federal law (ADEA, GINA, Title VII, ADAAA), as follows:

☐ **Age (You must be 40 years of age or older to qualify):**

Date of Birth:

____/____/____

Month/day/year

Age at time of incident:

☐ **Color (Based on skin color):**

☐ Black☐ Brown☐ White☐ Other _____

☐ **Disability:**

☐ Disabled☐ History of disability☐ Regarded as disabled

(Pregnancy is NOT a disability unless you are regarded as disabled.)

Please mark only the basis you believe were the reasons you were discriminated.

Harassment

☐ **GINA**
(Genetic Information Non-discrimination Act)

☐ **National Origin:**

☐ African-American☐ Anglo/Caucasian☐ East Indian☐ Hispanic☐ Mexican☐ Other _____

☐ **Race:**

☐ American Indian/Alaskan Native☐ Asian/Pacific Islander☐ Black☐ White☐ Other _____

EXAMPLE: If your treatment was because of your race, then check only the box by your race.

☐ **Religion:**

☐ Baptist☐ Catholic☐ Jewish☐ Muslim☐ Other _____

☐ **Retaliation:**

☐ Assisted another filing discrimination☐ Filed a complaint of discrimination☐ Participated in discrimination investigation

ON THIS DATE:

____/____/____

(Month/Day/Year)

☐ **Sex:**

☐ Female☐ Female/Pregnancy☐ Male