



WYOMING DEPARTMENT OF TRANSPORTATION

5300 Bishop Boulevard
Cheyenne, WY 82009
E-152 11/19



EXTERNAL EMPLOYEE COMPLAINT FORM

Please be as specific and detailed as possible. Attach separate paper and/or documentation, if applicable.

Complainant Name:		Date of Complaint:	
Phone Number:		Email address:	
Your Date of Hire:		Termination Date:	<input type="checkbox"/> N/A
Name of Company HR Director/Personnel:			

Which of the following employment action(s) were taken against you (*check only those that apply*)?

- | | | |
|---|---|--|
| <input type="checkbox"/> Discharged | <input type="checkbox"/> Harassed/Intimidated | <input type="checkbox"/> Wage Related * |
| <input type="checkbox"/> Laid Off | <input type="checkbox"/> Retaliation ** | <input type="checkbox"/> Denied Benefits |
| <input type="checkbox"/> Suspended | <input type="checkbox"/> Failure to Hire | <input type="checkbox"/> Denied Pay Increase |
| <input type="checkbox"/> Transferred | <input type="checkbox"/> Failure to Promote | <input type="checkbox"/> Denied Religious Accommodation |
| <input type="checkbox"/> Demoted | <input type="checkbox"/> Failure to Recall | <input type="checkbox"/> Denied Disability Accommodation |
| <input type="checkbox"/> Other (<i>please specify</i>): _____ | | |

Actions marked with * and ** require more information, please complete below

* If you marked <u>wage related</u>: (<i>please indicate to the right</i>)	Work Classification:	
	Hourly Pay Rate:	\$ _____
** If you marked <u>retaliation</u>, was it because you: (<i>please indicate to the right</i>)	<input type="checkbox"/> Filed a complaint of discrimination	
	<input type="checkbox"/> Gave testimony or other participated in a discrimination investigation	<input type="checkbox"/> N/A
	<input type="checkbox"/> Opposed or objected to discrimination	
	<input type="checkbox"/> Other _____	

Do you believe that you have been discriminated against? YES NO

If YES above, please check the category(ies) below which apply and specify next to your selected category(ies).

- | | |
|--|--|
| <input type="checkbox"/> Race _____ | <input type="checkbox"/> Sex/Gender _____ |
| <input type="checkbox"/> Color _____ | <input type="checkbox"/> Religion _____ |
| <input type="checkbox"/> National Origin _____ | <input type="checkbox"/> Creed _____ |
| <input type="checkbox"/> Disability _____ | <input type="checkbox"/> Age (40 and over) _____ |

Have you filed with the EEOC? YES NO **If no, did you file with another entity?** YES NO

If YES above, please specify the entity:

Name of respondent (person and/or company that complaint is filed against):

Date of Alleged Incident:	_____	Incident Location:	_____
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Describe in detail the nature of your complaint, including the names of individuals involved and any witnesses.

Please describe how the incident has affected your ability to work effectively.

What actions could the company take in order to effectively deal with your complaint?

Give any additional comments that may be helpful in dealing with the complaint.

Declaration: I declare, under penalty of perjury, that the foregoing information in my complaint is true and correct.

Complainant Signature: _____ Date: _____

FOR OFFICE USE ONLY

VS. _____ <i>(Respondent)</i> _____ <i>(Complainant)</i>	Date Filed: _____ Date Resolved: _____
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