

## Equal Employment Opportunity (EEO) Complaint Intake Form

You are encouraged to file EEO complaints as soon as possible as the passage of time can hinder the efficacy of the investigation as well as the availability and quality of evidence and witnesses.

Anyone who has an allegation of discrimination against a GW staff member may file a complaint under this procedure. This includes students, faculty, job applicants, contractors, volunteers, and university affiliates.

**Complainant Name:** \_\_\_\_\_  
*First Last MI*

**Complainant Title:** \_\_\_\_\_ **GWID:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
*Street City State Zip*

Telephone: H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_ C ( ) \_\_\_\_\_

**Please specify how you prefer we contact you if different from your work email address and/or phone number:**

\_\_\_\_\_

**Do you need a reasonable accommodation to participate in this process (e.g. language access, accessibility, etc.)? If yes, please specify:**

\_\_\_\_\_

\_\_\_\_\_

**I wish to file a complaint against:**

**Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

### Discrimination/Harassment Complaint Factors:

Age	Marital Status	Religion
Color	Retaliation	Sex
Disability	National Origin	Veteran Status
Family Responsibility	Sexual Orientation	Other _____
Gender Identity or Expression	Race	

**Incident Details:**

**Date(s) of Incident:** \_\_\_\_\_

**Description of Incident:** Please provide a brief description of the act(s), which occurred, and your reason(s) for concluding that it was discriminatory and/or unwarranted. (Attach any documentation that supports your allegations.)

**What remedy are you seeking through the Complaint Process?**

**List any witness(es) who you feel can provide evidence in your support. Please include contact information.**

\_\_\_\_\_  
*Witness Name*

\_\_\_\_\_  
*Contact Information*

\_\_\_\_\_  
*Witness Name*

\_\_\_\_\_  
*Contact Information*

\_\_\_\_\_  
*Witness Name*

\_\_\_\_\_  
*Contact Information*

**Have you attempted to resolve this matter with management, a union representative, or your Human Resources representative?**  **Yes**  **No** If yes, list name(s) of the person(s) contacted:

**Please check as applicable:**

I want to request a consultation.

I want to file a complaint, and I authorize the Office of Equal Employment Opportunity and Access to investigate the charge(s) I described above. I understand the university must give notice to all appropriate parties.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please sign and return completed form to [eeo@gwu.edu](mailto:eeo@gwu.edu). Upon receipt, your case will be reviewed and a member of the Office will contact you regarding next steps.