

Equal Employment Opportunity Access (EEOA) Complaint Intake Form

You are encouraged to file EEOA 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 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 (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 to support you. 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 file a consultative service request.

I want to file a grievance, and I authorize the Office of Equal Employment Opportunity & Access 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. Upon receipt, your case will be reviewed and a member of the Office will contact you regarding next steps.