

EMPLOYMENT DISCRIMINATION COMPLAINT FORM

Texas Workforce Commission Civil Rights Division

Please return this form by:
 Mail: 101 East 15th Street, Guadalupe CRD, Austin, TX 78778-0001
 Email: EEOIntake@twc.state.tx.us
 Telephone: (888) 452-4778 *or*
 Fax: (512) 463-2643 or (512) 463-2755

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 us at (888) 452-4778. (Ofrecemos asistencia en Español)

Complainant Full Name:

Address Line 1:
Address Line 2:
City/State/Zip:
Home Phone #:
Other Phone #:
Email:

Complainant Representative (Optional): *(If you are represented by an attorney, please have them submit a letter of representation):*

Address Line 1:
Address Line 2:
City/State/Zip:
Phone #:
Fax #:

Preferred Form of Contact: (Please check)

- E-mail Telephone

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

Company Address
Address Line 1:
Address Line 2:
City/State/Zip:
Phone #:

Company Officer Address
Address Line 1:
Address Line 2:
City/State/Zip:
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, ADA), 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.

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

Employment Harms or Actions (Mark all that apply)

- Demotion (D1)
- Discharge (D2)
- Discipline (D3)
- Harassment (H1)
- Hiring (H2)

- Layoff (L1)
- Promotion (P3)
- Reasonable Accommodation (R6)
- Severance Pay (B5)
- Sexual Harassment (S4)

- Suspension (S5)
- Terms & Conditions (T2)
- Training (T4)
- Wages (W1)
- Other:

**The following questions are regarding the employment harms or actions taken against you.
(Each incident must be within 180 days of the date you submit your complaint to the TWCCRD.)**

DATE(S) DISCRIMINATION TOOK PLACE (Month/Day/Year)

Earliest (Month/Day/Year)

Latest (Month/Day/Year)

____/____/____

____/____/____

CONTINUING ACTION

Name and Position Title of person(s) who did the harm:

(If filing under race, color, national origin, religion, sex, age, please provide the race, color, national origin, religion, sex, or age of the person(s) discriminating against you:)

Did you complain of discrimination to your employer? Yes No

If Yes, date of complaint: ____/____/____ (Month/Day/Year)

Name and Position Title of person(s) you complained to:

Explain why you believe the employment harm(s) and/or action(s) were discriminatory:

Employer's reason for its action:

Are there other employees treated more fairly than you? Yes No

If Yes, please provide the information below:

Full Name and Position Title

(If filing under race, color, national origin, religion, sex, and/or age, please provide the race, color, national origin, religion, sex, or age of the person(s) treated more fairly than you.)

What are you seeking as a resolution to your case?

What is the most convenient method to contact you:
 Email: Telephone: ()

Submitting this Complaint Form DOES NOT represent filing a formal Charge of Discrimination