



## EQUAL OPPORTUNITY COMPLAINT FORM

This form is to be used for complaints against the Missouri Department of Labor and Industrial Relations (DOLIR) or its employees in the provision of services to the public.

This form is not to be used for filing complaints with the Missouri Commission on Human Rights (MCHR) under the Missouri Human Rights Act (MHRA). For information regarding MCHR and MHRA, visit [labor.mo.gov/discrimination](http://labor.mo.gov/discrimination).

<b>COMPLAINT INFORMATION</b> <i>(Please print)</i>			
First Name	Last Name	Social Security Number <i>(Voluntary)</i>	
Address	Home Phone <i>(Include Area Code)</i>	Other Phone <i>(Include Area Code)</i>	
City	State	Zip Code	
Email Address			
What is the most convenient time and place for us to contact you about this complaint? <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
To the best of your recollection on what date(s) did the discrimination take place?	Date of First Occurrence	Date of Most Recent Occurrence	
Basis of Complaint: Which of the following best describes why you believe you were discriminated against. <i>(Check ALL that apply.)</i>			
<input type="checkbox"/> Race	<input type="checkbox"/> Religion	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Genetic Information
<input type="checkbox"/> Color	<input type="checkbox"/> Disability	<input type="checkbox"/> National Origin	<input type="checkbox"/> Military/Veteran
<input type="checkbox"/> Ancestry	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Age: Date of Birth: _____	
<input type="checkbox"/> Sex (including sexual orientation and gender identity): <input type="checkbox"/> Male <input type="checkbox"/> Female			
Explain as briefly and clearly as possible what happened and how you were discriminated against by DOLIR. Please state the name of the DOLIR employee or describe where the employee works (to the best of your ability) who you believe violated your civil rights. Indicate who was involved. Attach any written material pertaining to your case. <i>(Attach separate sheet if needed.)</i>			

What other information (if any) do you think is relevant to our investigation? (Attach separate sheet, if needed.)

What remedies do you seek? (Attach separate sheet, if needed.)

Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint: (Attach separate sheet, if needed.)

Name	Address	Phone No. (Area Code)

Do you have an attorney?  Yes  No

Attorney's Name	Attorney's Address	Attorney's Phone Number (Area Code)
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Have you filed a case or complaint with any of the following?  U.S. Equal Employment Opportunity Commission (EEOC)

Missouri Commission on Human Rights (MCHR)

Civil Rights Division, U.S. Department of Justice

Civil Rights Center, U.S. Department of Labor (CRC)

For each item checked at the right, please provide the following information: <i>(Attach separate sheet if more than one is checked.)</i>	Agency	Date Filed	Case or Docket Number
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Location of Agency or Court	Date of Trial or Hearing
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Name of Investigator	Status of Case
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Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you been provided with a final decision at the Federal level regarding your complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(Complaint NOT valid unless signed):</b> Please Note: If you elect to file your complaint with the DOLIR, you must wait until the DOLIR issues a decision or until 90 days have passed, whichever is sooner, before filing with the U.S. Department of Labor, Civil Rights Center (CRC), 200 Constitution Avenue, NW, Room N-4123, Washington DC 20210. If the DOLIR has not provided you with the written decision within 90 days of the filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with the CRC within 30 days of the expiration of the 90-day period. If you are dissatisfied with the resolution of your complaint, you may file a complaint with the CRC. Such complaints must be filed within 30 days of the date you received notice of the resolution.	

Signature	Date
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Send completed form to:

Sara Seaver, Human Resources  
Department of Labor and Industrial Relations  
P.O. Box 510  
Jefferson City, MO 65102-0510  
Phone: 573-751-1339  
Fax: 573-751-3668  
Email: [EO@labor.mo.gov](mailto:EO@labor.mo.gov)

Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program.  
TDD/TTY: 800-735-2966 Relay Missouri: 711