

GENERAL INFORMATION

Name:

Employee or Student #:

Title or Grade:

(For students only) Name of Parent/Legal Guardian:

Department or School Name:

Mailing Address:

City and Zip:

Phone Number: Cell Work Home

Email Address:

Please indicate the reason(s) why you believe you have been treated differently:

Race Color National Origin Ethnicity Sex/Gender

Gender Identity Sexual Orientation Disability Age

Sexual Harassment Religion Veteran Status

Other protected status as defined by law:

Retaliation for complaining about civil rights violations or participating in a civil rights investigation.

OEOS offers a mediation program to resolve complaints

Are you interested in mediating your complaint? Yes No

I'm not sure, I would like to know more. Yes No

OEOS IS ONLY AUTHORIZED TO INVESTIGATE CIVIL RIGHTS VIOLATIONS. IF YOUR COMPLAINT DOES NOT FALL INTO ANY OF THESE CATEGORIES, WE WILL TRY TO DIRECT YOU TO THE APPROPRIATE PLACE TO GET HELP!

What result do you want/expect from filing this complaint?

1. Who do you believe has violated your civil rights?

a. Name:

Title/Grade:

School Department:

b. Name:

Title/Grade:

School/Department:

2. When did the civil rights violation(s) take place? (Please be advised that complaints must be filed with 180 days of the most recent act).

Date:

Date:

Time:

Time:

Location:

Location:

3. How often did the alleged conduct or wrongdoing occur?

once once a day twice a day weekly other

4. To whom did you report the incident?

a. Name

Title:

School/Department:

Was the report recorded? yes no

Reporting method: in person phone written/email/fax

b. Name

Title:

School/Department:

Was the report recorded? yes no

Reporting method: in person phone written/email/fax

5. Please provide a specific and detailed statement of the incident(s) or conduct that you perceive to be discriminatory and/or sexually harassing. Provide the dates and describe the events, in chronological order, and be sure that you refer to the basis of your claim (e.g. race, gender, etc.) as well as a comparison of the treatment you received as a member of a protected group to other individuals who are similar situated, but who are not members of your protected group (doesn't apply to complaints of sexual harassment).

6. Did this "harasser" behave in this manner with any other students or employees?

yes no

Did anyone see the "harasser" behave in this manner? yes no

If you answered yes to either questions, indicate the name and addresses below:

a. Name:

Address:

Phone:

Email:

b. Name:

Address:

Phone:

Email:

c. Name:

Address:

Phone:

Email:

7. Do you have an attorney who is representing you at the present time? If so, please furnish his/her name, the name of the law firm, telephone number, and complete address.

Attorney's Name:

Law Firm's Name:

Phone Number:

Address:

8. Have you filed a charge with the Equal Employment Opportunity Commission (EEOC), office of Civil Rights (OCR), New Mexico Human Rights Division, or any other government agency concerning allegations which you are raising in your charge of discrimination with this department? yes no

Agency Filed With:

Date Filed: