



**Oklahoma Office of the Attorney General  
Office of Civil Rights Enforcement  
EMPLOYMENT DISCRIMINATION COMPLAINT FORM**

If returning by mail:  
Office of Civil Rights Enforcement  
Oklahoma Office of the Attorney General  
15 W. 6<sup>th</sup> Street, Suite 1000  
Tulsa, Oklahoma 74119  
Tulsa Office: (918) 581-2885

**GENERAL INFORMATION**

<b>YOUR INFORMATION:</b>			<b>EMPLOYER INFORMATION:</b>		
Name:			Employer Name:		
Address:			Street Address ( <b>where you actually worked</b> ):		
City:	State:	Zip:	City:	State:	Zip:
Home Phone #:	Date of Birth:		Phone #:		
Work Phone #:	Cellular Phone #:		Number of Employees:		

**NAME OF EMPLOYER'S PRESIDENT, CEO OR MANAGER:**

Address:

City: State: Zip:

Phone #:

**DISCRIMINATION BASIS**

**For each type of employment discrimination you believe you have experienced, please check all that apply.**

Race \_\_\_ Color \_\_\_ National Origin \_\_\_ Sex \_\_\_ Religion \_\_\_

Age \_\_\_ Genetic Information \_\_\_ Disability \_\_\_ Retaliation \_\_\_

A. Date(s) (*month, day, & year*) of alleged act(s) of discrimination: \_\_\_\_\_

B. Your last job title: \_\_\_\_\_

C. Your supervisor's name: \_\_\_\_\_

I swear and affirm that the foregoing information is true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

**INTAKE QUESTIONNAIRE**

**SECTION 1A - DISCRIMINATORY ACTION(S)**

A. Please check all applicable discriminatory action(s) taken against you by your employer.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Demotion                        | <input type="checkbox"/> Discharge          | <input type="checkbox"/> Suspension               |
| <input type="checkbox"/> Denied Hire                     | <input type="checkbox"/> Discipline         | <input type="checkbox"/> Transfer                 |
| <input type="checkbox"/> Denied Promotion                | <input type="checkbox"/> Harassment         | <input type="checkbox"/> Union Representation     |
| <input type="checkbox"/> Denied Reasonable Accommodation | <input type="checkbox"/> Layoff/RIF         | <input type="checkbox"/> Reduction in Wages/Hours |
| <input type="checkbox"/> Denied Recall                   | <input type="checkbox"/> Forced Resignation | <input type="checkbox"/> Other: _____             |

B. For each instance of discriminatory action checked above, please provide the information requested in Section 1B below, including the **DATE** (*month, day, & year*) of each separate action, the **FULL NAME** and **POSITION or TITLE** of each person involved, and the action taken against you.

If you need more space, please use the space provided in Section 5 or attach additional pages.

**SECTION 1B**

**INSTANCE #1**

1) Please describe briefly the employment harm or action taken against you from Section 1A.

Date:            /            /            Action Taken:

2) Please provide the reason given to you for the employer's action.

3) Please explain the reason you believe the employer's action was discriminatory based on the protected classes (race, color, national origin, religion, sex, age, genetic information or disability).

4) Please provide the full name(s) of other employees that were treated differently than you.

**INSTANCE #2**

1) Please describe briefly the employment harm or action taken against you from Section 1A.

Date:            /            /            Action Taken:

2) Please provide the reason given to you for the employer's action.
3) Please explain the reason you believe the employer's action was discriminatory based on the protected classes (race, color, national origin, religion, sex, age, genetic information or disability).
4) Please provide the full name(s) of other employees that were treated differently than you.
<b>INSTANCE #3</b>
1) Please describe briefly the employment harm or action taken against you from Section 1A.
Date:                    /                    /                    Action Taken:
2) Please provide the reason given to you for the employer's action.
3) Please explain the reason you believe the employer's action was discriminatory based on the protected classes (race, color, national origin, religion, sex, age, genetic information or disability).
4) Please provide the full name(s) of other employees that were treated differently than you.

<b>SECTION 2 – REPORTING INFORMATION</b>
1. If applicable, please provide the full name and position or title of the person(s) to whom you complained regarding the discriminatory action and the date of your complaint(s).



**SECTION 6 – WITNESS INFORMATION**

Did anyone witness the action(s) taken against you? If so, please complete the information requested below:

Name of Witness: Relationship:

Home Address:

City:	State:	Zip:	Phone #:
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Specific information he/she can provide:

Name of Witness: Relationship:

Home Address:

City:	State:	Zip:	Phone #:
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Specific information he/she can provide:

Name of Witness: Relationship:

Home Address:

City:	State:	Zip:	Phone #:
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Specific information he/she can provide:

**SECTION 7 – SETTLEMENT REQUEST INFORMATION**

Please explain what you are willing to accept as a settlement or resolution of your complaint:

