

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
DISCRIMINATION/SEXUAL HARASSMENT COMPLAINT FORM

Any applicant or employee may file a discrimination or sexual harassment complaint.

Complainant is (check one): Applicant for FDOT position FDOT employee

_____		_____	
Last name	First name	Mid. Initial	Unit and present working title if appropriate
_____		_____	
Work address		Work telephone number	
_____		_____	
Home mailing address		Home telephone number	

LOCATION OF COMPLAINT

_____		_____	
Person named in complaint		Title of person named in complaint (if known)	
_____		_____	
Office and telephone number of person named in complaint		Address of unit or office	

BASIS OF ALLEGED DISCRIMINATION (Reason for discrimination)
(Check appropriate box(es))

- | | | | |
|--|-------------------------------------|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Disability | <input type="checkbox"/> Marital Status | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Race Or Color | <input type="checkbox"/> Religion | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Sexual Harassment | | | |

TERMS/CONDITIONS OF ALLEGED DISCRIMINATION (Harm alleged)
(Check appropriate box(es))

- | | | |
|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Appointment | <input type="checkbox"/> Compensation | <input type="checkbox"/> Demotion |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Examination | <input type="checkbox"/> Hostile Work Environment |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Recruitment | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Retention | <input type="checkbox"/> Separation | <input type="checkbox"/> Training |
| <input type="checkbox"/> Other _____ | | |

Date most recent incident of discrimination or sexual harassment took place
(Day, Month, Year)

EXPLANATION

(Please describe in as much detail as possible the circumstances that cause you to believe you have been discriminated against, harassed or sexually harassed, including dates, places, persons involved and witnesses).

(Use additional sheet if necessary)

I affirm that the information contained in this complaint is true to the best of my knowledge and verify by my signature that I have been informed that my filing a complaint with the Department does not preclude my filing a complaint on the same matter with the Florida Commission On Human Relations (FCHR) or the Equal Employment Opportunity Commission (EEOC). I understand that I have the right to file a complaint with the FCHR within 365 days of the incident in question, or with the EEOC within 300 days of the alleged discriminatory act in question.

Date

Signature of Complainant

MAIL OR FAX THIS FORM, WITH ORIGINAL SIGNATURE, TO:
(If faxed, mail original after faxing)

DEPARTMENT OF TRANSPORTATION
EQUAL OPPORTUNITY OFFICE
605 SUWANNEE STREET, MS 65
TALLAHASSEE, FLORIDA 32399-0450
(850) 414-4747