

**INSTRUCTIONS FOR COMPLETING
EEO DISCRIMINATION COMPLAINT FORM
JFS 02333**

Box 1. Name of complaint, last, first, middle initial and home address;

Box 2. Complainant's office telephone number;

Box 3. Complainant's home telephone number;

Discrimination: A biased action often based on prejudicial attitudes against and individual or group characterized by race, sex, national origin, ancestry, disability, color, religion, age and that results in unequal treatment.

Box 4a. Check the area (s) in which you believe you have been discriminated against. Based on race, color, religion, sex, national origin, ancestry, disability, age, citizenship/participant status (WIA Programs only).

Box 4b. What assistance (programs and/or services) are you currently receiving?

Box 5. Provide your race and sex;

Box 6. Provide the name and county of the agency you believe has discriminated against you.

Box 7. Provide the location of the agency you believe has discriminated against you.

Box 8. Provide the name(s) and title(s) of the person(s) you believe has discriminated against you.

Box 9. Provide the date the alleged discrimination occurred.

Box 10. Provide the working / training site where you were located: (if applicable)

Box 11. Provide an explanation of how you believe you were discriminated against.

Box 12. The date you filed the complaint;

Box 13. The signature of the complainant;

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The Ohio Department of Job and Family Services, Bureau of Civil Rights will complete this section.