

**CITY OF ST. LOUIS  
DEPARTMENT OF PERSONNEL**

EQUAL EMPLOYMENT OPPORTUNITY COMPLAINT

Complaint Number \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ Work Phone # \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Job Title \_\_\_\_\_

Place of Work \_\_\_\_\_

Alleged Discrimination was based on (check appropriate box (es):

Race	<input type="checkbox"/>	Sex	<input type="checkbox"/>	Religion	<input type="checkbox"/>	National Origin/Ancestry	<input type="checkbox"/>
Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Harassment	<input type="checkbox"/>	Retaliation	<input type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>						

Date of most recent or continuing discrimination: \_\_\_\_\_

Explain what discriminatory action was taken against you. Be specific. Include dates, names, places, etc. If more space is required, use an additional sheet of paper. In doing so, be sure to sign and date each additional sheet of paper used.

---

---

---

---

---

---

---

---

Resolution Requested:

---

---

I swear or affirm that I have read the above charge, and that the above statements are true to the best of my knowledge, information and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_