



COMPLAINT OF POSSIBLE UNLAWFUL DISCRIMINATION



THE INTENT OF THIS FORM IS TO ELIMINATE DISCRIMINATION BASED UPON THE NONPERFORMANCE FACTORS (ITEM 1) IN CONDITIONS OF EMPLOYMENT (ITEM 2). IT IS NOT INTENDED TO RESOLVE DAY-TO-DAY DISAGREEMENTS WHICH CAN OCCUR IN A WORK SETTING. PLEASE GIVE SERIOUS CONSIDERATION TO THE MATTER BEFORE FILING THIS FORMAL COMPLAINT.

Please Print or Type

Name: _____ Date: _____

My Civil Service Classification is: _____

My Location is: _____ Work Phone: _____

My Home Address is: _____ Home Phone: _____

City

Zip Code

1. I feel I was unlawfully discriminated against on the basis of the following:

Race	Marital Status	Other _____
Color	Sex	
Age	Height/Weight	
National Origin	Disability	
Religion	Sexual Orientation	

2. This possible unlawful discrimination occurred in connection with the following:

Disciplinary Action	Demotion
Service Rating	Promotion
Transfer	Reduction in Force
Hostile Work Environment	Other _____

AS A CURRENT EMPLOYEE OF THE DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH (DeLEG), I AM FILING THE FOLLOWING COMPLAINT. I UNDERSTAND THAT I MAY USE THIS FORM IF I AM CURRENTLY AN EMPLOYEE OF THE DEPARTMENT.

I UNDERSTAND THAT I MAY FILE A FORMAL COMPLAINT WITH THE UNITED STATES EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (US, EEOC), CIVIL RIGHTS CENTER-USDOL, MICHIGAN DEPARTMENT OF CIVIL RIGHTS (MDCR), OR MICHIGAN DEPARTMENT OF CIVIL SERVICE (FORM CS-G1) WITHIN THE TIME LIMITS LEGALLY ESTABLISHED BY THESE AGENCIES FOR FILING SUCH COMPLAINTS.

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Provide your written statement below, describing the discrimination or discriminatory harassment you feel you experience. Please touch on all the items listed below (attach additional sheets, if necessary).

Who is the alleged discriminator/harasser?

What was the alleged discriminatory/harassing action?

When did the alleged discrimination/harassment occur?

Where did the alleged discrimination/harassment occur?

Provide the names of any witnesses to the alleged discrimination/harassment.

Provide any evidence, including documents that support your claim.

Signature: _____

Date: _____

Below is MY statement explaining how I feel my complaint of alleged discrimination could be resolved.

Signature: _____

Date: _____

DISTRIBUTION

I UNDERSTAND THAT I AM RESPONSIBLE FOR PREPARING TWO (2) COPIES OF THIS FORM 7101. ONE (1) COPY I WILL FORWARD TO THE:

EQUAL OPPORTUNITY OFFICE – LANSING
611 W. OTTAWA, 4TH FLOOR
LANSING, MI 48909
1-517-335-5824

OR

EQUAL OPPORTUNITY OFFICE
CADILLAC PLACE
3024 W. GRAND BLVD., SUITE #12-350
DETROIT, MI 48202
1-313-456-2461

ONE (1) COPY I WILL KEEP FOR MY RECORDS.