



OFFICE OF PROFESSIONAL STANDARDS

EEO COMPLAINT FORM

Rev: 4 | Date: 1/19/2024

Office Use ONLY
Date Received: ___/___/___
EEO Case No: _____

City of Fort Lauderdale
Office of Professional Standards

101 NE 3rd Avenue, Suite 1400, Fort Lauderdale, FL 33301
Phone: 954-828-4933; Fax: 954-828-5929 - E-mail: EqualOpportunity@fortlauderdale.gov

Last Name: _____ First Name: _____ Middle Initial: _____

Home Ph. #: _____ Work Ph. #: _____ Cell Ph. #: _____

Home Address: _____ Apt./Unit #: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____ Email Address: _____

Department: _____ Division: _____

Supervisor's Name: _____ Supervisor's Title: _____

Supervisor's Work Ph. #: _____

Have you ever filed a grievance/complaint concerning this incident before? Yes No

If so, please list with whom:

Basis for discriminatory action: **Select all that apply**

- | | | | | |
|---|-----------------------------------|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion | <input type="checkbox"/> National Origin | <input type="checkbox"/> Age | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Color | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Disability | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Retaliation (*See next page) | | | | |



****Retaliation only - Complete the following statement:***

I am experiencing retaliation because I previously:

What are you alleging happened to you? *(Example: Harassment, Denied Promotion, Disciplinary Action, Termination, etc.)*

Date(s) discriminatory action(s) took place:



List the individual(s) discriminating against you and their titles:

What discriminatory act(s) (personal harm) occurred against you? (Provide a detailed description of actions, comments or behavior, including the dates the alleged incidents occurred, if known.)



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What reason(s) were given to you for the action(s) taken against you?

Are there other persons who were treated differently than you? If so, please list how they were treated.

Please list names of witnesses and telephone numbers.

By signing this document, I declare that I have completed this form in good faith and my answers and statements contained herewith are true and correct based on my current knowledge.

Print Name

Signature

Date

**Please return completed form to Office of Professional Standards
101 NE 3rd Avenue, Suite 1400, Fort Lauderdale, FL 33301 - Phone: 954-828-4934; Fax: 954-828-5929**

