



PEF EMPLOYMENT DISCRIMINATION INTAKE FORM

MEMBER INFORMATION

NAME: _____

PHONE NUMBER: Home _____ Work: _____

PERSONAL E-MAIL: _____

AGENCY: _____

TITLE: _____ GRADE: _____

WORK LOCATION: _____ WORK ADDRESS: _____

YEAR HIRED: _____ REGION: _____ DIVISION # _____

WHO IS YOUR FIELD REPRESENTATIVE? _____

WHO ARE YOU FILING A COMPLAINT AGAINST? _____

DID YOU DISCUSS THE MATTER WITH YOUR SUPERVISOR? YES
NO. "IF YES, PROVIDE THE DATE(S) AND
SUBMIT AN ATTACHMENT WITH THE DETAILS"

DID YOU INFORM YOUR COUNCIL LEADER AND/OR STEWARD? YES
NO. "IF YES, PROVIDE THE DATE(S) AND
SUBMIT AN ATTACHMENT WITH THE DETAILS"

DID YOU INFORM YOUR FIELD REPRESENTATIVE? YES
NO. "IF YES, PROVIDE THE DATE(S)
AND SUBMIT AN ATTACHMENT WITH THE DETAILS"

COMPLAINT INFORMATION

BRIEFLY STATE THE BASIS OF YOUR COMPLAINT (SUBMIT ADDITIONAL PAGES WITH THE DETAILS AS AN ATTACHMENT).

CIRCLE ALL THAT APPLY

DISABILITY {PLEASE SPECIFY}: _____

AGE: _____ ARREST RECORD: Y N CREED/RELIGION: _____

FAMILY STATUS: _____

GENDER IDENTITY OR EXPRESSION: _____

MARITAL STATUS: Single Married Separated Divorced Widowed

MILITARY STATUS: Yes RESERVES VETERAN No

NATIONAL ORIGIN: _____

PREDISPOSING GENETIC CHARACTERISTICS: _____

PREGNANCY-RELATED CONDITION: _____

RACE / COLOR OR ETHNICITY – PLEASE SPECIFY: _____

RELATIONSHIP OR ASSOCIATION: _____

RETALIATION: _____

SEX - PLEASE SPECIFY: _____

SEXUAL ORIENTATION – PLEASE SPECIFY: _____

USE OF GUIDE DOG: Y N HEARING DOG: Y N OR SERVICE DOG: Y N

VICTIM OF DOMESTIC VIOLENCE: Y N

PRINT NAME: _____

SIGNATURE: _____

Date: _____

“FOR PEF OFFICIAL USE ONLY”

PEF CASE NUMBER:

Intake Date:

Reviewed By and Date:
