

**VIRGINIA STATE UNIVERSITY  
EEO COMPLAINT FORM**

Instructions: To file a complaint, complete this form and return it to the EEO Manager, Office of Human Resources, Box 9412, Petersburg, Virginia 23806. For information, call (804) 524-5766/TDD (804) 524-5487. Please print in blue or black ink or type.

1. Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

2. Work Location: \_\_\_\_\_

Name of Individual(s) you believe who committed the act(s) of discrimination:  
\_\_\_\_\_

3. I was discriminated against because of (check all categories that apply to the act(s) of discrimination):

- A.  **Race or Color** (Please check your racial/ethnic group)  
 **White** (not of Hispanic origin)  
 **Black** (not of Hispanic origin)  
 **Asian**  
 **Native Hawaiian or other Pacific Islander**  
 **Hispanic**  
 **American Indian or Alaskan Native**

E.  **Disability** (Please indicate your disability.) \_\_\_\_\_

F.  **Age** (Please indicate your age) \_\_\_\_\_

G.  **National Origin** (Please indicate your national origin.) \_\_\_\_\_

H.  **Religion** (Please indicate your religion) \_\_\_\_\_

B.  **Gender** (Please indicate gender.)  
 male  female

I.  **Veteran Status**

C.  **Sexual Harassment**

J.  **Political Affiliation** (Please indicate affiliation.) \_\_\_\_\_

D.  **Retaliation**

4. When did the act(s) of discrimination occur? \_\_\_\_\_

5. Briefly describe the act(s) of discrimination. Please include names, telephone numbers, and job titles of all persons involved in the discriminatory act(s). (Attach additional sheets if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What results do you wish to obtain by filing this complaint? (Attach additional sheets if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I affirm that the information provided above is true to the best of my knowledge and belief.**

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

**Office Use Only\*\*\*\*\*Office Use Only**  
Date received in the Office of Human Resources: \_\_\_\_\_