Toa Baja
ORGULLO LLANERO

Government of Puerto Rico
Autonomous Municipality of Toa Baja
Human Resources Department
Equal Employment Opportunity Office

DISCRIMINATION COMPLAINT FORM

Date: _____ Case Number: _____

Name: _____
Last Name First Name Name Middle

Position: _____ Department: _____

Address: _____

_____

Status:	Regular ☐	Contract ☐	Transitory ☐

Phone Number: Email: _____

Home: ( ) - Work: ( ) -

Which of the following describes the reason why you understand that discrimination took place?

- ☐ Age
- ☐ Sex
- ☐ Race
- ☐ Color
- ☐ National Origin
- ☐ Religion
- ☐ Political Affiliation
- ☐ Physical or Mental Disability (ADA)
- ☐ Workplace Harassment
- ☐ Environmental Justice
- ☐ Limited English Proficiency (LEP)
- ☐ Transfer
- ☐ Compensation
- ☐ Classification
- ☐ Unemployment
- ☐ Service
- ☐ Persecution
- ☐ Others

Has Legal Representation? ☐ Yes ☐ No Attorney's Name:

Phone:	( ) - Ext.	Fax:	( ) -
Address:			

There are eyewitnesses to the facts Yes ☐ No ☐ If Yes, please fill out the following information:

NAME	PHONE	DEPARTMENT
1.	( ) -	
2.	( ) -	
3.	( ) -	

If the witness is not an employee, please fill out the following information:

NAME	PHONE	ADDRESS
1.	( ) -	
2.	( ) -	
3.	( ) -	

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1. Describe the information that is alleged in your own words. Include specific details, such as name, dates, route numbers or any other information that helps the investigation.

Address: PO Box 2359, Toa Baja, P.R. 00951 · Phone: (787) 261-0202 · Extensions: 2213 · Email: afernandez@toabaja.com

Complainant **Date**

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2. Have you filed this complaint with other federal, state or local agency?, or in federal or state court?
Yes: ☐ No: ☐

3. If yes, check all that apply		
☐ Federal Agency	☐ State Agency	
☐ Local Agency	☐ Federal Court	☐ State Court

4. Please provide contract information about the person where the complaint was filed
Name:
Address:
Phone Number: ( ) -

5. Please sing below. You may include any written material or other information that you understand is pertinent to your complaint.

Complaint Signature Date

EEO Officer Signature Date

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