

# Frankfort Plant Board EEO Complaint Form

**Instructions: Complete this form and return the original to the Director of Human Resources. Attach additional pages to fully explain the allegations.**

**Date of this complaint:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Your Supervisor:** \_\_\_\_\_

**Date of incident:** \_\_\_\_\_

**EEO Basis for the complaint: (Check all that apply)**

- National Origin \_\_\_\_\_
- Age \_\_\_\_\_
- Race \_\_\_\_\_
- Gender/Sex \_\_\_\_\_
- Color \_\_\_\_\_
- Disability \_\_\_\_\_
- Religion \_\_\_\_\_
- Veteran Status \_\_\_\_\_

**Please state the incident(s) or the event(s) that led you to write this complaint. The written complaint should include the following details:**

- 1. A description of the alleged harassment or discrimination;**
- 2. Explanation of why the event(s) appear to be harassing or discriminatory, indicating date(s), event(s), name(s), location(s), time of day, and witnesses (if any);**
- 3. Provide all evidence (written or otherwise) that may substantiate the allegations;**
- 4. Specify the requested remedy. (Note: FPB retains the right to take appropriate action to fully resolve the complaint and is not obligated to provide the remedy requested by complainant.)**

**Your Signature & Date:** \_\_\_\_\_

When completed, turn in the complaint to the FPB H.R. Director, P.O. Box 308, Frankfort, Ky 40602.