

EEO CONTACTS INFORMATION SHEET

PERSONAL INFORMATION

NAME (LAST, FIRST, MI) _____

TITLE/SERIES/GRADE _____

GENDER (M/F) _____

ORGANIZATION/UIC _____

WORK ADDRESS _____

OTHER PERTINENT INFO

DATE OF INITIAL CONTACT _____

HOW RECEIVED?
(phone, walk-in, email, etc.) _____

BASIS OF COMPLAINT _____

ISSUES _____

**Note: This information must be entered into
iComplaints.**