**EMPLOYMENT DISCRIMINATION COMPLAINT FORM**
**Texas Workforce Commission Civil Rights Division**
Please return this form by:
Mail: 101 East 15th Street, #144T, Austin, TX 78778-0001
Email: EEOIntake@twc.state.tx.us
Telephone: (888) 452-4778 ***or***
Fax: (512) 463-2643 (Please include a cover sheet with your name and the total # of pages included.)

TWCCRD#_____

EEOC#_____

***Please indicate if you have previously filed this complaint with any of the agencies below:***
☐ Texas Workforce Commission Civil Rights Division (TWCCRD)
☐ Equal Employment Opportunity Commission (EEOC)
☐ City of Austin Equal Employment and Fair Housing Office
☐ Corpus Christi Human Relations Division
☐ Fort Worth Human Relations Department

**DATE RECEIVED (**For Office Use Only):

**Please be sure you provide all the information requested. For Assistance, send an E-mail to EEOIntake@twc.state.tx.us or call (888) 452-4778. (Ofrecemos asistencia en Español)**

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| **Complainant Full Name:** | **Complainant Representative (Optional):** ***(If you are represented by an attorney, please have them submit a letter of representation)*:** |
| **Address Line 1:** | **Address Line 1:** |
| **Address Line 2:** | **Address Line 2:** |
| **City/State/Zip:** | **City/State/Zip:** |
| **Home Phone #:** | **Phone #:** |
| **Other Phone #:** | **Fax #:** |
| **Email:** | |
| **Preferred Form of Contact: (Please check)** ☐ **E-mail** ☐ **Telephone** | |
| **Date Hired**: **Position held**: **Still employed?** ☐ Yes ☐ No | **HR Personnel Officer/EEO Officer/or Highest Ranking Officer on work site:** |
| **Name of Employer** ***(Please be sure to give the complete Company name and address where you physically worked)*** | **15 or more employees:** ☐ **Yes** ☐ **No** |
| **Address Line 1:** | **Address Line 1:** |
| **Address Line 2:** | **Address Line 2:** |
| **City/State/Zip:** | **City/State/Zip:** |
| **Phone#:** | **Phone#:** |

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| ***BASIS:*** *I believe I have been discriminated against in violation of state law (Texas Labor Code, Chapter 21) and federal law (ADEA, GINA, Title VII, ADAAA), as follows*: | ☐ **Age (*You must be 40 years of age or older to qualify*):** Date of Birth: _____/_____/_____ Month/day/year Age at time of incident: _____ | ☐ **Color** *(Based on skin color)*: ☐ Black ☐ Brown ☐ White ☐ Other _____ | ☐ **Disability:** ☐ Disabled ☐ History of disability ☐ Regarded as disabled ***(Pregnancy is NOT a disability unless you are regarded as disabled.)*** |
| ***Please mark only the basis you believe were the reasons you were discriminated.*** | ☐ **GINA** (Genetic Information Non-discrimination Act) | ☐ **National Origin:** ☐ African-American ☐ Anglo/Caucasian ☐ East Indian ☐ Hispanic ☐ Mexican ☐ Other _____ | ☐ **Race:** ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black ☐ White ☐ Other _____ |
| **EXAMPLE: If your treatment was because of your race, then check only the box by your race.** | ☐ **Religion:** ☐ Baptist ☐ Catholic ☐ Jewish ☐ Muslim ☐ Other _____ | ☐ **Retaliation**: ☐ Assisted another filing discrimination ☐ Filed a complaint of discrimination ☐ Participated in discrimination investigation ***ON THIS DATE*:** _____/_____/_____ (Month/Day/Year) | ☐ **Sex:** ☐ Female ☐ Female/Pregnancy ☐ Male |

**Employment Harms or Actions (*Mark all that apply*)**

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| ☐ Demotion (D1) | ☐ Layoff (L1) | ☐ Suspension (S5) |
| ☐ Discharge (D2) | ☐ Promotion (P3) | ☐ Terms & Conditions (T2) |
| ☐ Discipline (D3) | ☐ Reasonable Accommodation (R6) | ☐ Training (T4) |
| ☐ Harassment (H1) | ☐ Severance Pay (B5) | ☐ Wages (W1) |
| ☐ Hiring (H2) | ☐ Sexual Harassment (S4) | ☐ Other: _____ |

**The following questions are regarding the employment harms or actions taken against you.**
**(Each incident must be within 180 days of the date you submit your complaint to the TWCCRD.)**

**DATE(S) DISCRIMINATION TOOK PLACE (Month/Day/Year)**
Earliest (Month/Day/Year) Latest (Month/Day/Year) ☐ CONTINUING ACTION

| **Name and Position Title of person(s) who did the harm**: | **(If filing under race, color, national origin, religion, sex, age, please provide the race, color, national origin, religion, sex, or age of the person(s) discriminating against you:)** |
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**Did you complain of discrimination to your employer**? ☐ **Yes** ☐ **No**
If Yes, date of complaint: ____/_____/_____ (Month/Day/Year)
**Name and Position Title of person(s) you complained to:**

**Explain why you believe the employment harm(s) and/or action(s) were discriminatory:**

**Employer's reason for its action(s)**:

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| ☐ Poor Work Performance<br>☐ Theft/Embezzlement<br>☐ Undue Hardship<br>☐ Work Conduct<br>☐ Workplace Violence | ☐ Other (please list)<br>_____<br>_____<br>_____ |

**Are there other employees treated more fairly than you?** ☐ **Yes** ☐ **No**
If Yes, please provide the information below:

| **Full Name and Position Title** | (If filing under race, color, national origin, religion, sex, and/or age, please provide the race, color, national origin, religion, sex, or age of the person(s) treated more fairly than you. |
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**What are you seeking as a resolution to your case?**

_____ _____
**Signature** **Date**