EMPLOYMENT DISCRIMINATION COMPLAINT

Texas Workforce Commission Civil Rights Division (TWCCRD)

If you believe you have experienced employment discrimination, submit your completed complaint form by mail, email, fax or in person:

- Mail to: TWC Civil Rights, 101 E 15th Street, Rm 144T, Austin, TX 78778-0001
- Email to: EEOintake@twc.state.tx.us
- Fax to: 512-463-2643
- In person: 1117 Trinity St, Rm 144-T, Austin, TX 78701

Summary of TWCCRD Employment Discrimination Complaint Process

- An Intake Investigator will review your form, and may contact you for additional information.
- If the Intake Investigator determines that your complaint meets the employment discrimination complaint requirements, the Intake Investigator will draft a Charge of Discrimination, and request that you sign the document.
- Once TWCCRD receives the signed Charge of Discrimination, a notification of the acceptance of the Charge of Discrimination will be sent to the Complainant and the Respondent.
- TWCCRD will also ask both parties if they would like to meet to discuss settlement possibilities. This process is called mediation.
- If the complaint is not settled through mediation, an Investigator will request supporting documentation and witness lists, and interview both parties (Complainant and Respondent), and investigate the complaint.
- After reviewing all submitted documentation and interview notes, the Investigator will issue a Pre-Determination of either Cause or No Cause. All Cause Pre-Determination decisions are reviewed by the Director, who makes the decision to refer a complaint to the Texas Commission on Human Rights for Final Determination.

This section is for TWC use only.
TWCCRD# _____
EEOC# _____
Date Received:

Be sure to provide all requested information. For assistance with completing your complaint form, call 888-452-4778.

(Ofrecemos asistencia en Español.)

A. Complaint History

Mark the box below for any agency where you have previously filed this complaint. If you have filed this complaint with any of the agencies below, the second filing will be considered a Duplicate filing. Please note that TWCCRD dismisses all Duplicate filings.

☐ 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

B. Contact Information for Person Filing Complaint (Complainant)

Complainant Full Name:	Email:
Home Phone:	Other Phone:
Address Line 1:	Address Line 2:
City/State/Zip:	What is the best way to reach you? ☐ Email ☐ Phone

C. Contact Information for Complainant Representative - Optional

If you are represented by an attorney, please have them submit a letter of representation.

Representative Name:	Email:
Phone:	Fax:
Address Line 1:	Address Line 2:
City/State/Zip:	

D. Contact Information for Employer Complaint is About

Employer has 15 or more employees?: ☐ Yes ☐ No

Give the complete employer company name, address and other information for the site where you physically worked.

Employer Company Name:	Work Site Phone:
Work Site Address Line 1:	Work Site Address Line 2:
City/State/Zip:	Fax:
Name of HR Personnel Officer/EEO Officer/or Highest Ranking Officer on the work site:	Phone:
Address Line 1:	Address Line 2:
City/State/Zip:	Fax:

E. Employment History

Still employed? ☐ Yes ☐ No	Position held:
Date Hired (MM/DD/YYYY):	Date Employment Ended, if applies (MM/DD/YYYY):

F. Outcome Sought

What are you seeking as a resolution to your case?

Signature

Signature: _____	Date: _____

G. Type of Discrimination (Basis of Complaint)

In the Discrimination Basis column**, only mark the box(es) for each type of discrimination you experienced** in violation of state law (Texas Labor Code, Chapter 21) and/or federal law (ADEA, Title VII, ADAAA, GINA). Then for each Discrimination Basis you marked, provide the Additional Information for that type of discrimination. For information on types of employment discrimination, see www.texasworkforce.org/employeerights**.**

Discrimination Basis:	Additional Information
☐ **Age**	Date of birth (MM/DD/YY): _____ Age at time of incident: _____ You must be age 40 or older to qualify.
☐ **Color** Based on skin color.	☐ Black ☐ Brown ☐ White ☐ Other: _____
☐ **Disability** Pregnancy is not a disability unless you are regarded as disabled.	☐ Disabled ☐ History of disability ☐ Regarded as disabled
☐ **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: _____
☐ **Religion**	☐ Baptist ☐ Catholic ☐ Jewish ☐ Muslim Other: _____
☐ **Retaliation**	☐ I assisted another filing a discrimination complaint on (MM/DD/YY) _____. ☐ I filed a discrimination complaint on (MM/DD/YY) _____. ☐ I participated in an investigation of discrimination on (MM/DD/YY) _____.
☐ **Sex**	☐ Female ☐ Female/Pregnancy ☐ Male

H. Employment Harms or Actions - Types

Mark the box for each employment harm or action related to your current employment discrimination complaint.

☐ 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:

I. Employment Harms or Actions – Descriptions

The questions in this section are about the employment harms or actions related to your current employment discrimination complaint. Each incident must have happened **within 180 days** of the date you submit your complaint to TWC Civil Rights.

J . Harm(s)

a. Date of harm(s) (MM/DD/YYYY):

b. Name and job title of the person(s) who did the harm(s):

c. If filing under race, color, national origin, religion, sex or age discrimination, provide the race, color, national origin, religion, sex or age of the person(s) discriminating against you:

d. Did you complain about discrimination to your employer? ☐ Yes ☐ No

If yes, date you made the complaint: If yes, name and job title of person(s) you complained to:

e. Explain the alleged discriminatory treatment:

f. Employer's reason for its action(s):

g. Are there other employees treated more fairly than you? ☐ Yes ☐ No

If yes, provide their full name and position title:

If yes and you are filing under race, color, national origin, religion, sex, age or disability, provide the race, color, national origin, religion, sex, age or disability of the person(s) treated more fairly than you:

Additional Comments

Signature

Signature: _____ Date: _____