CITY OF BROWNSVILLE
EEO Discrimination Complaint Form

The information on this form is to be completed for all alleged discrimination and sexual harassment complaints. The completed copy is to be signed by the complainant. Upon completion, please forward to the EEO officer at the Human Resources Department, 1001 E. Elizabeth 4th Floor Brownsville, TX 78522, (956) 548-6037.

Complainant's Name:	Work Phone:	Home Phone:
Job Title:		Date of Hire:
Are you Currently Employed by TAPS? ☐ Yes ☐ No	Supervisor's Name:	Date of the alleged discriminatory practice:

The discrimination occurred in connection with:

Race ☐ Sex ☐ Color ☐ National Origin ☐ Religion ☐
Age ☐ Disability ☐ Retaliation ☐ Sexual Harassment ☐ Other: _____

Have you made an effort to resolve this issue with your supervisor? ☐ Yes ☐ No	If no, do you give the EEO Officer permission to speak to your supervisor? ☐ Yes ☐ No

If yes, what action if any was taken?

Person(s) who you believe discriminated against you:

Name	Title	Location

Facts of the alleged discrimination are (attach additional sheets if necessary):

Resolution you are seeking:

Complainant's Signature	Date
EEO Officer's Signature	Date

City of Brownsville
Human Resources Department
PO Box 911/ 1001 E. Elizabeth
Brownsville, TX 78522
(956) 548-6037 fax (956) 546-2429