

CITY OF PEORIA
EQUAL OPPORTUNITY OFFICE

419 FULTON STREET RM 403 PEORIA, IL 61602

Phone: 309-494-8530

e-mail: eoo@peoriagov.org

WORKPLACE COMPLAINT INFORMATION SHEET

You have contacted the City of Peoria Equal Opportunity Office (EEO) to seek help concerning discrimination in employment. If you believe that you have been discriminated against in the area of Employment and/or including sexual harassment on the job, you need to fill out the WORKPLACE COMPLAINT INTAKE FORM and mail or email the completed form to the EEO.

We will ask you many questions about what happened to you and about how others were treated, and we will ask you about dates, the size of the organization with which you had trouble, and other matters. What you tell us is **IMPORTANT**.

First, we will have to establish whether we believe that the law permits us to work on your problem; that is, we must try to find out whether we have **JURISDICTION** under the law. Second, we must learn from your facts which will be useful in our investigation. If it happens that what you tell us leads us to believe that we cannot help you because we do not have **JURISDICTION**, we will explain that to you and tell you why. If it happens that what you tell us leads us to believe that there is only a very slight chance that we will be able to help you or that it is unlikely that the organization which you wish to charge has violated the law, we will explain that to you and tell you why.

However, if it should happen that we counsel you that we do not believe that we have jurisdiction or that it appears unlikely that we can help you or that the organization has violated the law, based on what you tell us, **YOU MAY NONETHELESS, FILE A CHARGE WITH US. THAT IS YOUR DECISION TO MAKE.**

TYPES OF DISCRIMINATION COVERED

The bases (types of discrimination) which the EEO can investigate are listed below:

Age (40 and over) Physical or Mental Disability (unrelated to ability to do the job) Arrest Record (or criminal history record ordered expunged, sealed or impounded) Retaliation (for opposing unlawful discrimination based upon any of the categories mentioned) Coercion/Aiding and Abetting (helping or forcing a person to commit unlawful discrimination based upon any of the categories listed)	Sex Race Unfavorable Military Discharge Marital Status Color Ancestry Military Status Religion Citizenship Status Sexual Harassment National Origin Sexual Orientation
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WHAT THE EQUAL OPPORTUNITY OFFICE CANNOT DO

- The EEO cannot investigate unfair employment actions such as: political affiliations, personality conflicts, etc., unless such actions are alleged to be for one or more of the reasons (types of discrimination) listed above
- The EEO cannot investigate unfair union practices unless such claims involve one or more of the types of discrimination described above
- The EEO cannot investigate charges against the federal government. Such a charge can only be filed with the EEO office of the agency alleged to have discriminated
- The EEO cannot investigate employers with more than **15** employees, unless the employment entity is the City of Peoria



EQUAL OPPORTUNITY OFFICE
 CITY HALL
 419 FULTON STREET RM 403
 PEORIA, ILLINOIS 61602
 TELEPHONE: 309-494-8530

WORKPLACE COMPLAINT INTAKE FORM

To facilitate the processing of this complaint, ensure that all documents are legible. If you are submitting copies of relevant documents to support your complaint, attach to this form or send via email to eeo@peoriagov.org

Additional information or materials attached Yes No

EMPLOYEE IDENTIFICATION

NAME			
ADDRESS	CITY	STATE	ZIP
TELEPHONE/EMAIL		TITLE/DEPARTMENT	
NAME OF VICTIM(S)			
ISSUE(S) <input type="checkbox"/> DISCRIMINATION <input type="checkbox"/> HARASSMENT <input type="checkbox"/> WORKPLACE VIOLENCE <input type="checkbox"/> 3 RD PARTY COMPLAINT			

INCIDENT/COMPLAINT DETAILS

1. Please provide a brief narrative describing the incident(s) that made you decide to contact this office?

2. Check below why you believe you were discriminated against:

- Age Disability Ethnicity Marital Status National Origin Pregnancy Religion Veteran Status
 Race Sex (Gender) Sexual Harassment Sexual Orientation Hostile Work Environment Other

3. Who is involved? (Name, Title, Department)

4. When did the incident(s) take place, and is it still ongoing? (Please give date(s) and time(s).

5. Where did the incident(s) take place? (Please give location)

6. How often does this situation occur? (Once, Daily, Weekly, etc.)

7. Please list any witnesses/observers to the incident(s). (Please include contact information)

8. What response did you make when the incident(s) occurred or afterwards?

9. Have you discussed this with anyone in any department within the City of Peoria? If so, with Who and When did this discussion take place.

10. Do you know of anyone else that has the same experience as you? Who?

11. Is there anyone else who has relevant information? May we contact them?
(Please provide name, contact information and a description of the relevant information)

12. Is there any written documentation to support your allegations? If, yes, please list.

13. How would you like to see this matter resolved?

14. Has there been any offer made to you to informally to resolve your issue? If yes, what was the offer and what were the results? _____ (Please attach additional pages as necessary to respond to the above)

PRIVACY ACT STATEMENT

ANONYMITY: You have the right to remain anonymous at the pre complaint counseling stage. Do you wish to remain anonymous? YES. I elect to remain anonymous

NO. I waive my right to remain anonymous

PRINCIPAL PURPOSE: Informal and formal taking of allegations of discrimination, harassment, or workplace violence because of race, color, national origin, sex, age, disability, or reprisal.

ROUTINE USES: This form and the information on this form may be used as: (a) a data source for complaint information and production of summary descriptive statistics and analytical studies of complaints processing and resolution efforts and may be used to respond to general requests for information under the Freedom of Information Act; (b) to respond to request from legitimate outside individuals or agencies (e.g. The IL Dept of Human Rights, The Equal Opportunity Commission or Courts) regarding the status of the complaint or appeal; and (c) to adjudicate complaint or appeal.

DISCLOSURE: Voluntary; however, failure to complete all appropriate portions of this form may lead to rejection of complaint on the basis of inadequate data on which to determine if complaint is acceptable.

Signature

Date