

Quarterly Discrimination Complaint Report Form
 Quarter FY
 From beginning to end of Fiscal Year

Agency: (Please Type Agency Name)

Type of Discrimination	*Filed
Internal EO	
Grievance (EO-related)	
Civil Service (EO-related)	
PHRC	
EEOC	
Total	

*During the quarter

Information for Complaints Filed During the Quarter													
Protected Class(es)	**Race	SM	SF	**Nat. Org	**Ancestry	**Disability	**Religion	Sexual Orientation	Age	Gender Identity or Expression	**Retaliation	**Other	TOTAL
Internal EO													
Grievance (EO-related)													
Civil Service (EO-related)													
PHRC													
EEOC													
Total													

Information for Complaints Filed During the Quarter										
Act(s) of Harm	Discharge	**Discipline	Demotion	Harassment	Sexual Harassment	Failure to Hire	Failure to Promote	Failure to Accommodate	**Other	TOTAL
Internal EO										
Grievance (EO-related)										
Civil Service (EO-related)										
PHRC										
EEOC										
Total										

**Please specify below

Protected Class(es): _____

Act(s) of Harm: _____
