EQUAL EMPLOYMENT OPPORTUNITY DISCRIMINATION COMPLAINT FORM

COMMONWEALTH OF PENNSYLVANIA STD-486C REV. 11/12

CASE/DOCKET NUMBER		DATE OF COMPLAINT	
COMPLAINANT'S NAME		EMPLOYEE NUMBER	
COMPLAINANT ADDRESS		AGENCY NAME AND ADDRESS	
COMPLAINANT CONTACT NUMBERS		AGENCY CONTACT NUMBERS	
CURRENT COMMONWEALTH EMPLOYEE YES NO		DATES OF ALLEGED DISCRIMINATION	
BASIS OF THE ALLEGED DISCRIMINATION:		ALLEGED DISCRIMINATORY ACT:	
☐ RACE	☐ AGE	☐ INTERVIEW	DISCIPLINE
☐ SEX	☐ DISABILITY	☐ HIRING/SELECTION	DISCHARGE
☐ NATIONAL ORIGIN	☐ RETALIATION	☐ UNEQUAL PAY	☐ HARASSMENT
☐ SEXUAL ORIENTATION ☐ ANCESTRY	GENDER IDENTITY OR EXPRESSION	☐ PROMOTION ☐ LAYOFF	☐ TRAINING ☐ OTHER (SPECIFY)
☐ RELIGION	OTHER (SPECIFY)	☐ TRANSFER	
PLEASE IDENTIFY THE ALI		EASE PROVIDE NAME, TITLE,	, ADDRESS AND

PLEASE PROVIDE DETAILS OF THE ALLEGED DISCRIMINATORY ACT(S). (U	SE ADDITIONAL PAPER IF NEEDED)
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PLEASE PROVIDE ANY DOCUMENTS WHICH SUPPORT THE ALLEGATIONS.	PLEASE DESCRIBE
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