La Plata County Government
EEO and ADA Complaint Form

Name: ________________________________

Home phone: (___) ___________________
Cell phone: (___) ___________________

Mailing address: ____________________________

Work location: ____________________________

Work phone: (___) ___________________

Department: ____________________________

Position Title: ____________________________

Division: ____________________________

Regular work schedule: ____________________________

Work location: ____________________________

Immediate supervisor: ____________________________

Type of Complaint:

☐ ADA
☐ Discrimination
☐ Workplace Harassment
☐ Retaliation
☐ Other (please specify) ____________________________

Basis of Charge:

☐ Disability
☐ Age
☐ National Origin
☐ Sex (inc. pregnancy)
☐ Race
☐ Color
☐ Religion
☐ Gender Identity
☐ Genetic Information
☐ Political Affiliation
☐ Creed
☐ Sexual Orientation
☐ Marital Status
☐ Veteran Status

Most recent date(s) discrimination took place: ____________________________

Continuing? ☐ Yes ☐ No

Description of Charges

You must provide a narrative description of the complaint including what happened, date(s) of alleged incident(s), the harasser(s) or respondent(s) and witnesses, including their full names, position titles and work locations if known.

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La Plata County is committed to providing equal employment opportunity for all qualified persons regardless of color, religion, sex (including pregnancy), age, national origin, disability, veteran status, political affiliation, sexual orientation, gender identity, marital status, genetic information or any other applicable status protected by state or federal law. Equal opportunity extends to all aspects of the employment relationship, including hiring, transfers, promotions, training, terminations, working conditions, compensation, benefits, and other terms and conditions of employment.