

**EQUAL EMPLOYMENT OPPORTUNITY
INTERNAL COMPLAINT FORM**

COMMONWEALTH OF PENNSYLVANIA

STD-486C

REV. 1/2026

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 <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES OF ALLEGED DISCRIMINATION
BASIS OF THE ALLEGED DISCRIMINATION: <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <input type="checkbox"/> RACE <input type="checkbox"/> AGE <input type="checkbox"/> SEX <input type="checkbox"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> SEXUAL <input type="checkbox"/> GENDER IDENTITY ORIENTATION OR EXPRESSION <input type="checkbox"/> ANCESTRY <input type="checkbox"/> RELIGION <input type="checkbox"/> OTHER (SPECIFY) _____ </div>	ALLEGED DISCRIMINATORY ACT: <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <input type="checkbox"/> INTERVIEW <input type="checkbox"/> DISCIPLINE <input type="checkbox"/> HIRING/SELECTION <input type="checkbox"/> DISCHARGE <input type="checkbox"/> UNEQUAL PAY <input type="checkbox"/> HARASSMENT <input type="checkbox"/> PROMOTION <input type="checkbox"/> TRAINING <input type="checkbox"/> LAYOFF <input type="checkbox"/> TRANSFER <input type="checkbox"/> OTHER (SPECIFY) _____ </div>

PLEASE IDENTIFY THE ALLEGED OFFENDER(S). PLEASE PROVIDE NAME, TITLE, ADDRESS AND TELEPHONE NUMBER FOR ALLEGED OFFENDER(S).

PLEASE PROVIDE DETAILS OF THE ALLEGED DISCRIMINATORY ACT(S). (USE ADDITIONAL PAPER IF NEEDED)

PLEASE PROVIDE ANY DOCUMENTS WHICH SUPPORT THE ALLEGATIONS. PLEASE DESCRIBE ATTACHMENTS. (USE ADDITIONAL PAPER IF NEEDED).

PLEASE IDENTIFY ANY OTHER INTERNAL OR EXTERNAL COMPLAINTS, GRIEVANCES, LAWSUITS, ETC. INITIATED IN RELATION TO THIS MATTER AND WHERE THEY WERE INITIATED OR FILED.

COMPLAINANT'S SIGNATURE

DATE