



Pennsylvania
State Police

Equal Employment Opportunity Title VI Discrimination Complaint

The information on this form should be completed for all alleged Title VI discrimination complaints. The completed complaint form should be signed by the complainant. Upon completion, please forward to your nearest State Police Station or mail to: EEO Office, 1800 Elmerton Avenue, Harrisburg PA 17110.

Complainant information

Name

Telephone

Address

Email Address

Alleged violation information

Location of alleged violation (include organizational segment and address if available)

Are you currently employed by the above agency? Yes No

Date of alleged violation

Program, service, or activity provided by PSP involved in this allegation

Basis of alleged discriminatory practice:

Race

Sex

National Origin

Color

Income

Age

Disability

English Proficiency

Other: _____

List the facts of the alleged discriminatory practice. (Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you.)

Please provide supporting documents which form the basis for the discriminatory practice you are claiming.
Describe attachments:

List the person(s) who you believe discriminated against you, including name(s), title/rank, and telephone, if known.

Have you filed a complaint with any outside agency? Yes No

If yes, what agency did you file with? _____

Complainant Signature

Date

INTERNAL USE ONLY:

EEO Officer or Liaison

Date

EEO Tracking number