

# CITY OF BILLINGS EQUAL EMPLOYMENT OPPORTUNITY COMPLAINT AND INVESTIGATION FORM

**INTERNAL COMPLAINTS** - SUBMIT TO SUPERVISOR, DEPT  
MANAGEMENT, OR HUMAN RESOURCES

**EXTERNAL COMPLAINTS** - SUBMIT TO CITY HALL HUMAN  
RESOURCES

<i>For Office Use Only</i>
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**TO BE COMPLETED BY COMPLAINANT:**

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LAST NAME	FIRST NAME	MIDDLE NAME
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ADDRESS	CITY	STATE	ZIP
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WORK PHONE	HOME PHONE
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POSITION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

**BASIS OF COMPLAINT (Check appropriate box(es)):**

Race  Color  National Origin  Sex  Age  Disability

Creed  Religion  Marital Status

**DETAILED STATEMENT OF THE COMPLAINT:**

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**DETAILED STATEMENT OF THE COMPLAINT (continued):**

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**INVESTIGATION PROCESS:**

Witnesses (Use additional sheets if necessary):

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_)\_\_\_\_\_

Work Phone: (\_\_\_\_)\_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip