

ALABAMA LAW ENFORCEMENT AGENCY (ALEA)

EEO/CIVIL RIGHTS COMPLIANCE COMPLAINT FORM



Purpose: This form provides individuals a mechanism for bringing forth complaints of discrimination, harassment, and/or associated retaliation regarding an application for employment, terms and conditions of employment, or the delivery of services administered by ALEA or its sub-recipients, consultants, contractors, or other individuals associated with the agency.

Section I:	
Complainant Name:	
Address:	
Telephone (Home/Cell):	Telephone (Work):
E-Mail Address:	
Section II:	
Discrimination Based On (Check appropriate box(es)):	
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Religion <input type="checkbox"/> Limited English Proficiency	
<input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Retaliation <input type="checkbox"/> Harassment	
Date(s) of Alleged Misconduct (Month/Day/Year): Earliest: _____ Latest: _____	
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. Attach additional sheets if more space is needed as well as any documentary evidence deemed necessary.	
Section III:	
Have you previously filed a discrimination complaint with ALEA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details (e.g., date and status/conclusion of complaint): _____	
Section IV:	
Have you filed this complaint with any other federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, check all that apply and specify the entity in which complaint was filed:	
<input type="checkbox"/> Federal Agency: _____ <input type="checkbox"/> State Agency: _____	
<input type="checkbox"/> Federal Court: _____ <input type="checkbox"/> Local Agency: _____	
<input type="checkbox"/> State Court: _____ <input type="checkbox"/> Other: _____	
Please provide details (e.g., date and status/disposition of complaint):	

ALEA PERSONNEL POLICIES AND PROCEDURES

Re: EEO/Civil Rights Compliance Complaint Form
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Section IV (Continued):	
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
Signature and Verification:	
I declare under penalty of perjury that the information given herein is true and correct to the best of my knowledge, information, and belief. I understand a willful false statement is punishable by the law and, if an employee of ALEA, will result in disciplinary action up to and including the termination of my employment.	
Complainant Signature:	Date:

If you have any questions or concerns prior to completing this form please contact the EEO/Civil Rights Compliance Program Coordinator, Stephanie Warr, at (334) 676-6203. Persons with disabilities can use the same number to request accommodations in accessing information and/or filing a complaint.

Completed forms may be submitted by mail, fax, or e-mail using the information below.

Mailing Address: Alabama Law Enforcement Agency (ALEA)
ALEA Personnel Division - Civil Rights Compliance Program Coordinator
P.O. Box 304115
Montgomery, AL 36130-4115

Fax Number: (334) 353-0900

E-Mail: Personnel@ALEA.gov

Prohibition of Retaliation: ALEA prohibits retaliation against any individual who reports discrimination or harassment or participates in an investigation of such reports. ALEA employees engaging in such misconduct will be subject to disciplinary action up to and including the termination of his/her employment.