ADMINISTRATION DEPARTMENT
EQUAL EMPLOYMENT OPPORTUNITY COMPLIANCE OFFICER
6591 ORANGE DRIVE • DAVIE, FLORIDA 33314
PHONE: 954.797.2099 • FAX: 954.797.2061 • WWW.DAVIE-FL.GOV

Notice of Discrimination Complaint

Charging Party Name: _____

Filing Date: _____

Email address: _____ **Department:** _____

Phone Number: _____ **Supervisor:** _____

Nature of Complaint: (please check box for each that applies)

□ Race /Color □ Sex/Gender □ Religion □ National Origin

□ Age □ Retaliation □ Other_____

Date of Incident: _____ □ **Continuing Action** (check if discrimination is ongoing)

Particulars of Complaint:

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Please list the name, title and contact information for each witness you would like the EEO Office to interview regarding your allegations:

Signature of Complaining Party: _____ Date_____

FOR USE BY EEO OFFICER ONLY:

Date Investigation Initiated: _____

Date Investigation Concluded: _____

Conclusion: □ substantiated □unsubstantiated □ inconclusive

Recommended Action: