

B. TO BE COMPLETED BY TERO REPRESENTATIVE

Name of company/Employer who the complaint is against:

Name of person Contacted & Title (if any) regarding complaint:

Address:

Phone Number:

Contact Made By:

Phone:

In Person:

Mail:

Other:

Date & Time Contact was made:

TYPE OF CHARGE:

TERO (INTERNAL):

TERO:	EMPLOYER	CONTRACTOR	ORDINANCE #
EEOC:	RACE	SEX	NATIONAL ORIGIN
	RELIGION	AGE	RETALIATION

OTHER:

Jurisdiction:

Action to be taken:

Assigned to:

C. STATUS OF COMPLAINT

Investigation Complete Date:

Finding(s):

Signature of Investigator:

Date:

Signature of Director:

Date: