

HOUSTON INDEPENDENT SCHOOL DISTRICT
EEO Complaint Form

Time Limits: HISD EEO Complaints must be filed within 300 days from the date of the alleged violation in order to comply with Equal Employment Opportunity Commission (EEOC) guidelines.

Confidentiality: Confidentiality is maintained to the greatest extent possible. However, please be aware that EEO complaints are subject to the Open Records Act.

Instructions: Please complete and submit this form to your location supervisor, the appropriate CSO, or the EEO Office. Please be specific and write legibly.

EEO Case Number _____

COMPLAINANT: _____ ID Number: _____
First Name MI Last Name

Location: _____ Business Phone: _____

Principal/Location Supervisor: _____

Home Address: _____ Home Phone: _____
Street City, State Zip

Alleged discrimination in violation of Board Policy DAA (LEGAL & LOCAL) and DIA (LEGAL & LOCAL) is based on the following: *Check box(es)*

Race National Origin Religion Age Disability Retaliation

Sex (Please Specify): Gender; Sexual Orientation; or Pregnancy

Respondents:

A. List the name(s) and title(s) of individual(s) against whom you are filing this complaint:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Statement of Complaint:

B. Description of alleged discriminatory incident(s) and date(s) of incident(s): *Please be as specific as you can to address your allegation(s) by answering Who? What? When? Where? Why? and How?*

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C. Your response or reaction to each incident of alleged discrimination:

D. What remedy are you seeking: (Explain what results you would like as a result of filing this complaint.)

E. Witnesses with telephone numbers for each:

Name:	Phone#:
<hr/>	
Name:	Phone#:
<hr/>	
Name:	Phone#:
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This information is true and correct to the best of my knowledge.

Signature of Complainant

Date

Send Copy to the EEO Office (HISD Route 1)
4400 West 18th Street (Level 1W), Houston, TX 77092
Phone: (713)556-7313; Fax: (713)556-7318
EEO Form Revised – 7/2013 (db)

Received: _____