

INDIAN HEALTH SERVICE  
INDIVIDUAL COMPLAINT FORM FOR EMPLOYMENT DISCRIMINATION  
based on Race, Sex, Color, Religion, National Origin, Disability, Age, or Reprisal

PLEASE TYPE OR PRINT

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Name Social Security Number

3. \_\_\_\_\_  
Home Address Phone Number

4. \_\_\_\_\_  
Work Address Phone Number

5. \_\_\_\_\_  
Name and Address of Representative Phone Number

6. \_\_\_ Attorney \_\_\_ Non-Attorney

7. \_\_\_\_\_  
Grade and Series Title of Your Position

8. \_\_\_\_\_  
Date received Counselors Report

9. \_\_\_\_\_  
What is the last or most recent date of an alleged discriminatory/reprisal event against you.

10. Briefly describe what happened or the issues of the Complaint: \_\_\_\_\_

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11. Please show the basis on which you were discriminated against from among the following by

indicating one or more of the numbers: (Please be specific)

- (1) Race \_\_\_\_\_; (2) Sex \_\_\_\_\_; (3) Color \_\_\_\_\_;  
(ex; Native American, Black,etc) (Male or Female) (Dark, Medium, Light)  
(4) Religion \_\_\_\_\_; (5) National Origin \_\_\_\_\_;  
Religious Affiliation Your national origin here  
(6) Age \_\_\_\_\_; (7) Person with disability \_\_\_\_\_  
Date of Birth What is the disability you are claiming  
(8) Reprisal \_\_\_\_\_;  
Date of last participation in Protected Process

12. Please state what relief(s) you are requesting or wanting in order to resolve the Complaint:  
(Be specific)

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This form is not required in order to file a formal complaint. However, most of the above information should be submitted in some type of letter or document in order for the Indian Health Service to properly evaluate and analyze your allegation.

A legible copy of the counselors report and all attachments should be sent attached to this form or whichever type of document you use to file a formal complaint. The Complainant must sign and date their complaint.

If you have any questions or comments, please call the Oklahoma City Regional IHS EEO office at 405-951-3950.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date