



EMPLOYMENT DISCRIMINATION COMPLAINT FORM

Name	
Home Phone Number: () -	Home Address:
Work Phone Number: () -	City, State & Zip

If you are a current City of Mesquite Employee:	
Department:	Supervisor's Name:

Reason(s) for Unlawful Treatment:				
<input type="checkbox"/> Race	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age	<input type="checkbox"/> Religion	<input type="checkbox"/> Other
<input type="checkbox"/> Sex	<input type="checkbox"/> Disability	<input type="checkbox"/> Color	<input type="checkbox"/> Retaliation	

Briefly describe the nature of your complaint. Please explain why you believe discrimination has affected your employment with the City of Mesquite. Where possible, specify the date(s) of the incident(s) and names(s) involved. If additional space is needed, please attach additional pages.

The City of Mesquite will not tolerate employment discrimination based upon an employee's or applicant's race, color, marital status, national origin, sex, religion, disability or age (City of Mesquite Personnel Rules, Section 3). An employee or applicant asserting a good faith employment discrimination complaint and/or participating in an investigation of such a complaint will be protected from retaliation or discipline. Any employee found guilty of retaliation will be disciplined, up to and including termination.

Signature: _____ **Date:** _____

Submit to: City Manager or Personnel Director