

## **EQUAL EMPLOYMENT OPPORTUNITY COMPLAINT AND INVESTIGATION FORM**

**INTERNAL COMPLAINTS** - SUBMIT TO SUPERVISOR, DEPT MANAGEMENT, OR HUMAN RESOURCES

For Office Use Only

| LAST NAME          | FIRST NAME                | MIDDLE NAME |          |
|--------------------|---------------------------|-------------|----------|
| ADDRESS            | CITY                      | STATE       | ZIP      |
| WORK PHONE         | HOME PHONE                | <u> </u>    |          |
| POSITION:          |                           |             |          |
| DEPARTMENT:        |                           |             | _        |
| BASIS OF COMPLAINT | (Check appropriate box(es | s)):        |          |
| Race 🗌 Color 🗌 Na  | ational Origin 🗌 Sex 🗌    | Age 🗌 Disal | oility 🗌 |
| Creed Religion     | Marital Status            |             |          |
| DETAILED STATEMENT | OF THE COMPLAINT:         |             |          |
|                    |                           |             |          |
|                    |                           |             |          |
|                    |                           |             |          |

January 2025

| DETAILED STATEMENT OF THE COMPLAINT (continued): |                |                    |                 |   |
|--|----------------|--------------------|-----------------|---|
|  |                |                    |                 |   |
|  |                |                    |                 |   |
|  |                |                    |                 |   |
|  |                |                    |                 |   |
|  |                |                    |                 |   |
|  |                |                    |                 |   |
|  |                |                    |                 |   |
|  |                |                    |                 |   |
|  |                |                    |                 |   |
|  |                |                    |                 |   |
|  |                |                    |                 |   |
|  |                |                    |                 |   |
| INVESTIG   | ATION PROCI    | ESS:               |                 |   |
| Witnesses (                                      | Use additional | sheets if necessar | y):             |   |
| Name:  |                |                    | Home Phone: ()_ |   |
|  |                |                    | Work Phone: ()  |   |
| Address:   |                |                    |                 | _ |
|  | City           | State              | 7in             |   |

**EEO OFFICER -** Heather Halter, 406-215-2452, hhalter@mountainline.com