



WEST PALM BEACH

Human Resources

**HUMAN RESOURCES DEPARTMENT  
Employee Relations**

**EEO / DISCRIMINATION REPORT**

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Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**Basis:**

- |                                   |  |   |  |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> Race     | <input type="checkbox"/> National Origin | <input type="checkbox"/> Marital Status           | <input type="checkbox"/> Harassment                    |
| <input type="checkbox"/> Color    | <input type="checkbox"/> Age             | <input type="checkbox"/> Citizenship              | <input type="checkbox"/> Veteran's Preference          |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Disability      | <input type="checkbox"/> Retaliation              | <input type="checkbox"/> Gender Identity or Expression |
| <input type="checkbox"/> Sex      | <input type="checkbox"/> Familial Status | <input type="checkbox"/> Hostile Work Environment | <input type="checkbox"/> Genetic Information           |
| <input type="checkbox"/> Other    | <input type="checkbox"/> Pregnancy       |   |  |

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Date(s) of Alleged Discrimination: \_\_\_\_\_

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Name of Persons/Department involved and alleged discrimination: \_\_\_\_\_

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I swear or affirm that I have read the above report and it is true to the best of my knowledge, information and belief.

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Reporting Party Signature

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Date