

**CONSTRUCTION REFORM DEMONSTRATION PROJECTS
EEO DISCRIMINATION COMPLAINT FORM**

1. Name: (Last) (First) (Middle Initial)			2. Office Phone No. () -	
3 Home Address: (Number & Street) (City) (ZIP Code)			4. Home Phone No. () -	
5. May we correspond with you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please clearly print the email address.		
6. Check the appropriate area(s) of discrimination: <input type="checkbox"/> Race <input type="checkbox"/> National Origin <input type="checkbox"/> Gender <input type="checkbox"/> Sex <input type="checkbox"/> Color <input type="checkbox"/> Ancestry <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Age (40+ years) <input type="checkbox"/> Religion <input type="checkbox"/> Disability <input type="checkbox"/> Military or Veteran Status <input type="checkbox"/> Genetic Information				
7. Discriminatory harassment: <input type="checkbox"/> Race <input type="checkbox"/> National Origin <input type="checkbox"/> Gender <input type="checkbox"/> Sex <input type="checkbox"/> Color <input type="checkbox"/> Ancestry <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Age (40+ years) <input type="checkbox"/> Religion <input type="checkbox"/> Disability <input type="checkbox"/> Military or Veteran Status <input type="checkbox"/> Genetic Information				
8. <input type="checkbox"/> Retaliation (based on involvement with a discrimination complaint)				
9. Race of the complainant: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander				
10. Sex of the complainant: <input type="checkbox"/> Male <input type="checkbox"/> Female				
11. Name the contractor you believe discriminated against you:				
12. Name the project site where you believe the discrimination against you occurred:			(Project Title) (Location)	
13. Are you currently employed by the contractor you believe discriminated against you? <input type="checkbox"/> Yes <input type="checkbox"/> No Hire Date: Termination Date:		14. Name your construction trade and classification (apprentice, journeyman, etc.):		
15. Name(s) and title(s) of person(s) who you believe discriminated against you: (Name) (Title)				
16. Have you filed a complaint with the federal Equal Employment Opportunity Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Have you filed a complaint with the Ohio Civil Rights Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No		18. Have you filed a Union grievance regarding the incident(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
19. Most recent date of alleged discrimination:				

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20. Explain when and how you believe you were discriminated against (treated differently from other employees or applicants) **BECAUSE** of your race, color, religion, sex, gender, national origin, ancestry, disability, age (40 years or more), sexual orientation, military status, veteran status or genetic information. Please provide additional sheets and attachments, if needed.

21. Complainant's signature:

22. Date complaint filed:

**PLEASE RETURN FORM:
State of Ohio, Equal Opportunity Division
Attention: Construction Reform Demonstration Team
30 E. Broad Street, 18th Floor
Columbus, OH 43215**

QUESTIONS? Contact Person: Kathy Dabney at 614.466.8380

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INSTRUCTIONS:

Box 1: Provide your name: last, first and middle initial.

Box 2: Provide your office telephone number.

Box 3: Provide your home address.

Box 4: Provide your home telephone number.

Box 5: If we may correspond with you by e-mail, provide an address.

Box 6: Check the area(s) in which you believe you have been discrimination against based on race, color, religion, sex, gender, national origin/ancestry, disability, age (over 40), military status, veteran status, sexual orientation and genetic information.

Box 7: Check the area(s) in which you believe you have been **discriminatorily harassed**. Harassment based on race, color, religion, sex, gender, national origin/ancestry, disability, age (over 40), military status, veteran status, sexual orientation and genetic information.

Box 8: Check if you believe you are experiencing **retaliation** based on involvement with a discrimination complaint (i.e., filed a discrimination complaint, provided information for an investigation, provided testimony for a hearing, etc.); you previously filed a discrimination complaint; or you witnessed discriminatory behavior and reported it.

Box 9: Providing race data is optional and may be used for statistical purposes.

Box 10: Providing sex data is optional and may be used for statistical purposes.

Box 11: Provide the name and location of the contractor you believe discriminated against you.

Box 12: Provide the name and location of the project site you believe the discrimination complaint occurred.

Box 13: Check if you are currently employed by the contractor and provide hire date and if applicable, termination date.

Box 14: Provide your construction trade name and classification (example: Electrical Worker, 3rd year apprentice).

Box 15: Provide the name(s) and title(s) of the person(s) you believe discriminated against you.

Box 16: Check if you have filed a complaint with the federal Equal Employment Opportunity Commission (EEOC) about the same issues.

Box 17: Check if you have filed a complaint with the Ohio Civil Rights Commission (OCRC) about the same issues.

Box 18: Check if you have filed a union grievance about the same issues.

Box 19: Provide the most recent date the alleged discrimination, discriminatory harassment or retaliation occurred.

Box 20: Provide an explanation of how you believe you were discriminated against. You may attach additional pages to the form.

Box 21: Provide your signature.

Box 21: Provide the date you filed the complaint.

PLEASE RETURN FORM:
State of Ohio, Equal Opportunity Division
Attention: Construction Reform Demonstration Team
4200 Surface Rd.
Columbus, Ohio 43228

Questions? Contact: Kathy Dabney at 614.466.8380

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EEO Discrimination Complaint Process

The EEO Discrimination Complaint form is available for individuals in the construction trades that work on or are working on a project that is part of the Construction Reform Demonstration Projects (CRDP). The purpose of the form is to report a discrimination complaint against an employer that is performing on The Ohio State University CRDP and The University of Toledo CRDP.

Projects covered under CRDP:

The Ohio State University:

1. *Cancer and Critical Care Tower*
2. *Cramblett Demolition*
3. *Infrastructure & Roadways*
4. *RDJC MEP Upgrades*
5. *Spirit of Women's Park*

The University of Toledo:

1. *Center for Biosphere Restoration Research*

If you believe you have been discriminated against by a contractor or an employee on a CRDP, you may file a charge of discrimination with the State of Ohio, Equal Opportunity Division (EOD), Construction Reform Demonstration Team (CRDT). The EEO Discrimination Complaint form and supporting documentation shall be received within 30 days of the alleged complaint.

In your description of the facts, be sure to include the following information:

- Identify the most recent position you held with the employer
- State the date of each discriminatory act
- State the name of the person(s) who made the discriminatory decision
- If reasons were given to you for the employment action, state each reason
- State all facts that show illegal discrimination was the real reason for the action. These can include comments, documents, statistics, people treated better than you, or any other relevant facts.

The CRDT shall utilize the following process to investigate a complaint:

- When a complaint is received, the CRDT will notify The Ohio State University or The University of Toledo to request the university investigate the complaint.
- The university shall conduct an investigation and issue a report to the CRDT within four weeks detailing its findings and remedial action taken by the university if appropriate. The report may also include relevant documents.
- If the university is unable to complete its investigation within four weeks, it may contact the CRDT to request assistance and an extension. The CRDT will review the report and determine the following:
 - The investigation report and remedial action is sufficient to resolve the complaint.
 - The necessity for further investigation.

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- If further investigation is required, the CRDT will contact the university and request any additional information deemed necessary to complete the investigation. This may include, but is not limited to:
 - Witness interviews concerning alleged discrimination.
 - Interview on-site personnel.
- As part of this investigation, the university may share the report and remedial action with the complainant and any interested parties.
- CRDT will issue a Final Complaint Report detailing the findings and recommendations issued to the State EEO Coordinator.

You should also file a complaint with the following agencies:

- Ohio Civil Rights Commission (OCRC)
 - Web link: http://crc.ohio.gov/cf_employment.htm
- Equal Employment Opportunity Commission (EEOC)
 - Web link: <http://www.eeoc.gov/facts/howtofil.html>

IMPORTANT FACTS: In employment cases, OCRC has jurisdiction over events that happened within the previous six months, and EEOC has jurisdiction over events that happened within the previous 300 days.