

EEO Electronic Contact Sheet



Equal Employment Opportunity Office

1670 Craig Road

Fort Sill, Oklahoma 73503

Tel. (580) 442-4024 Fax (580) 442-7205

EEO Contact

<i>Name:</i>	Date EEO Office Contacted:
<i>Docket Nbr:</i> ARSILL	

Counselor Assigned: YES NO **Name:** _____ **Date:** _____

Method of Contact: Walk In Phone Email Mail Fax Other

<i>Title</i>	<i>First</i>	<i>*MI</i>	<i>Last</i>	<i>Suffix</i>
--------------	--------------	------------	-------------	---------------

<i>Gender:</i> M <input type="checkbox"/> F <input type="checkbox"/>	<i>Email:</i>
--	---------------

<i>Country:</i>	<i>Address Type:</i> Home <input type="checkbox"/> Work <input type="checkbox"/>	<i>Subject:</i>
<i>Address 1:</i>		
<i>*Address 2:</i>		

<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
--------------	---------------	------------------

<i>Phone:</i>	<i>FAX:</i>	<i>*Cell:</i>
---------------	-------------	---------------

Agency/Department:	Phone:
---------------------------	---------------

Additional Information for Complainant

<i>SSN:</i>	<i>Pay Plan:</i>	<i>*Series:</i>	<i>Grade:</i>
-------------	------------------	-----------------	---------------

<i>*RNO:</i>	<i>Employee Type:</i>	<i>Anonymous:</i> No <input type="checkbox"/> Yes <input type="checkbox"/>
--------------	-----------------------	--

<i>*DOB:</i>	<i>*Occupation:</i>
--------------	---------------------

EEO Contact

How were you discriminated:

EEO Contact

How were you discriminated:

EEO Contact

How were you discriminated: