Utah Department of Transportation

4501 South 2700 West - Box 141520
Salt Lake City, UT 84114
Phone: (801) 965-4384
civilrights@utah.gov

EEO/LABOR COMPLAINT FORM

**Note: Complaints must be filed within 180 days of the discriminatory action*

Your Name_____ **Date of Filing**_____

Your Address_____

Daytime Phone#:_____ **Evening or Cell Phone#:** _____

Name of Company you work for:_____

Federal Aid Highway project # on which the complaint is filed_____

Project Location: _____

EEO Complaint - Indicate on what ground(s) you believe you were discriminated against:

_____**Race** _____**Color** _____**Nat. Origin** _____**Handicap**

_____**Gender** _____ **Age** _____**Religion** _____**Other**

What happened to you that you believe was discriminatory? Be specific, and complete as thoroughly as possible including date. Use additional sheets as necessary.

Indicate the names of person(s) who are alleged to be responsible.

What Remedy? Requested Action? And/or adjustments are you requesting? Please be specific. Use additional sheets as necessary

_____

LABOR Complaint – Nature of complaint:

_____ Underpayment of wages for work performed
_____ Underpayment of overtime for work performed
_____ Unauthorized payroll deduction
_____ Non-payment of fringe benefits
_____ Other (Please explain)

What happened to you that you believe you have a labor complaint? (Be specific and attach additional sheets if necessary)

Indicate the person(s) who are alleged to be responsible.

Names(s) Work Performed Current Classification (if known)

What remedy or adjustments are you requesting? Please be specific. Use additional sheets as necessary

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Have you explained your EEO or Labor Complaint to your employer?
_____ Yes or _____ No

If so, whom did you talk to?
Name: _____ Title: _____

What was the outcome?_____

Your
Signature_____Date_____