

Office of the Statewide Equal Employment Opportunity Coordinator
APPEAL FORM

Please print the following information:

Last Name: _____ First: _____ M.I. _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____

Job Title: _____ Agency Name: _____

Supervisor/Manager's Name: _____ Job Title: _____

Name of Agency where you filed your EEO complaint: _____

Date you filed your complaint: _____ Date your complaint was concluded: _____

Reason for filing your appeal:

Additional Documentation: (Please attach copies of the following documents)

- Initial complaint form (Filed with your agency's EEO Officer or Fair Practices Officer)
- Final determination letter
- Additional supporting documentation

AFFIRMATION

I affirm that I have provided accurate information to the best of my knowledge and belief.

Signature _____

Date _____