



Virginia Task Force 2
Urban Search and Rescue
Administrative Manual

3.06a EEO Discrimination
Complaint Procedure

February 2019

**EEO DISCRIMINATION COMPLAINT
PROCEDURE**

FORMAL COMPLAINT FORM

AS A VATF-2 EMPLOYEE, I FEEL I HAVE BEEN SUBJECTED TO DISCRIMINATION BASED ON (PLEASE CIRCLE) RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, RELIGION, OR HANDICAP AS DEFINED IN THE EEO DISCRIMINATION COMPLAINT PROCEDURE, OR HAVE BEEN A VICTIM OF SEXUAL HARASSMENT AS DEFINED IN THE EEO DISCRIMINATION COMPLAINT PROCEDURE.

NAME _____ **POSITION** _____ **DEPT.** _____

PLEASE DESCRIBE YOUR COMPLAINT IN DETAIL, AS EXPLAINED IN THE EEO DISCRIMINATION COMPLAINT PROCEDURE:

PLEASE SUBMIT THIS FORM TO:
EEO/AA COORDINATOR,
VATF-2,
513 VIKING DRIVE
VIRGINIA BEACH, VA 23452