



Snohomish County
Human Resources
Equal Employment Opportunity Office

(425) 388-3411 ext. 0
 FAX (425) 388-3579
 3000 Rockefeller Avenue
 M/S #503
 Everett, WA 98201-4046

INTAKE FORM

THIS FORM SHOULD ONLY BE COMPLETED IF YOU HAVE A COMPLAINT REGARDING AN EMPLOYEE WHO WORKS FOR SNOHOMISH COUNTY GOVERNMENT.

Name of Individual Filing Complaint: _____

Address: _____

Best Contact Number(s): _____

Email Address: _____

Job Title: _____

Are you an employee of Snohomish County? Yes _____ No _____ If "Yes," please provide:

Department/Division: _____

Supervisor's Name: _____

Supervisor's Job Title: _____

Union Position: Yes _____ No _____ Union Name: _____

Name(s), if any, of person to whom complaint was originally reported and date reported:

_____	Date: _____
_____	Date: _____
_____	Date: _____

Person(s) against whom you wish to file a complaint:

Name: _____ Job Title: _____

Name: _____ Job Title: _____

Name: _____ Job Title: _____

Basis of complaint:

Please check any box which is applicable to the basis of your complaint, and then provide additional details where indicated (e.g., "Age (40 or older): 45"). If you are unsure which box(es) you should check, please call (425) 388-3411 ext. 0 for assistance. Please also indicate if you believe you have been subjected to discrimination, harassment, or both.

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Age (40 or older): _____ | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Citizenship: _____ | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Color: _____ | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Disability: _____ | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Marital Status: _____ | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> National Origin: _____ | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Race: _____ | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Religion: _____ | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Sex: _____ | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Sexual Orientation/Gender Identity: _____ | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Veteran/Military Status: _____ | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Retaliation (provide additional details below where indicated in the section labeled "Retaliation") | | |

Briefly describe what action(s) was taken against you, and please include specific dates, if possible:

(Feel free to use additional pages, and please sign and date each additional page):

Retaliation: If you believe an action has been taken against you because you previously complained about discrimination and/or harassment in the workplace and/or participated in an employment discrimination proceeding (e.g., an investigation or lawsuit), please indicate:

- The protected activity (e.g., filed a complaint alleging age discrimination, participated in an investigation regarding an allegation of sexual harassment, etc.) in which you engaged previously:

- When you engaged in the activity: _____
- The action that has been taken: _____

- Why you believe this action is retaliatory: _____

Remedy Requested: _____

I verify this statement is true and correct to the best of my knowledge. I understand I may also have the right to file a complaint with the Washington State Human Rights Commission and/or the Equal Employment Opportunity Commission.

Signature of Individual Filing the Complaint

Date

Please return your signed Intake Form to:
Snohomish County Human Resources Department
Equal Employment Opportunity Office
M/S 503
3000 Rockefeller Ave.
Everett, WA 98201

You may also return your signed Intake Form, including any additional signed and dated pages, via email to EEOffice.Inbox@co.snohomish.wa.us.