

Quarterly Discrimination Complaint Report Form  
**INSERT** Quarter FY **INSERT**  
**INSERT** DATE

**Agency: (Please Type Agency Name)**

Type of Discrimination	*Filed (during quarter)
Internal EO	
Grievance (EO-related)	
Civil Service (EO-related)	
PHRC	
EEOC	
<b>Total</b>	0

\*During the quarter

**Information for Complaints Filed During the Quarter**

Protected Class(es)	**Race	SM	SF	**Nat. Org	**Ancestry	**Disability	**Religion	Age	**Other	TOTAL
Internal EO										0
Grievance (EO-related)										0
Civil Service (EO-related)										0
PHRC										0
EEOC										0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Information for Complaints Filed During the Quarter**

Act(s) of Harm	Discharge	**Discipline	Demotion	Harassment	Sexual Harassme	Failure to Hire	Failure to Promote	Failure to Accom	**Other	TOTAL
Internal EO										0
Grievance (EO-related)										0
Civil Service (EO-related)										0
PHRC										0
EEOC										0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*\*Please specify below

**Protected Class(es):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Act(s) of Harm:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_