Office of Fair Employment Practices
111 NW 1st Street, Suite 2220
Miami, FL 33128-1905
Telephone: (305) 375-2784 Fax: (305) 375-2114
Website: http://www.miamidade.gov/humanrights

I. COMPLAINANT INFORMATION:

Date of complaint: _____

Name: _____ Employee ID#: _____

Street address: _____

City/State/Zip: _____

Telephone: (H) _____ (W) _____ (C) _____

E-Mail: _____

May we contact you at work? ☐ Yes ☐ No Shift or work hours: _____

What is your gender? ☐ Male ☐ Female

What is your race/ethnic origin? ☐ White ☐ Black ☐ Hispanic

☐ Asian/Pacific Islander ☐ Native American ☐ Alaskan Native

Have you filed a complaint with any other government agency? ☐ Yes ☐ No

If yes, with which? ☐ EEOC ☐ FHRC ☐ DOL ☐ Other: _____
When? _____

Are you a current employee or former employee of Miami-Dade County?

☐ **Yes** ☐ **No**

Have you reported this matter within your department? ☐ Yes ☐ No
If yes, to whom and when? _____
Date of original hire: _____ Date of separation: _____

Current department: _____

Current Division: _____

Current Job Classification/Title: _____

Length of time in current department: _____

Current supervisor: _____

Race: _____ Ethnic origin: _____ Gender: _____

Probationary period completed? ☐ Yes ☐ No

Date of Last Performance Evaluation: _____

Were you or are you an applicant for employment of Miami-Dade County?

☐ **Yes** ☐ **No**

Position applied for: _____ Promotion: ☐ Yes ☐ No

Date of application: _____

Department: _____

Were you granted an interview? ☐Yes ☐ No Date of interview: _____

Whose conduct is the subject of your allegation(s)?

Name: _____

Current department: _____

Current Division: _____

Job Classification/Title: _____

Race: _____ Ethnic Origin: _____ Gender: _____

Is this person a supervisor? ☐ Yes ☐ No

II. COMPLAINANT ALLEGATIONS:

Date of most recent act of alleged discrimination/harassment: _____

Please check the box(es) that best describe the basis of discrimination or harassment to which you have been subjected:

A. ☐ Discrimination based on:

☐ Race ☐ Gender ☐ Color ☐ National Origin ☐ Religion ☐ Disability

☐ Marital Status ☐ Sexual Orientation ☐ Sexual Harassment

☐ Pregnancy Status ☐ Ancestry

☐ Age Discrimination: ☐ over 40 ☐ under 40

B. ☐ Retaliation

C. ☐ Exercise of Protected Constitutional or Statutory Right

D. ☐ Violence in the Workplace

E. ☐ Whistleblowing

Has any negative employment action been taken against you? ☐ **Yes** ☐ **No**
If yes, what was it?

☐ Failure to Hire ☐ Termination ☐ Discipline ☐ Compensation ☐ Denial of Promotion

☐ Demotion ☐ Transfer ☐ Other: _____

When did it occur? _____

Allegations [Statement of Complaint]

Please describe in chronological order the events about which you are complaining. Wherever possible, supply the names of individuals involved.

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III. WITNESS INFORMATION

To your knowledge, has this happened to anyone else? ☐ Yes ☐ No
If so, whom?

Name: _____
Title: _____

Please list individuals who may support your claim(s) and provide evidence to support your allegations.

Name	Work Location	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

How were you referred to OFEP?

☐ Department ☐ EEOC ☐ Co-worker ☐ Brochure ☐ County Web-site

☐ Training ☐ Attorney ☐ Other: _____

Declaration Statement

I, _____, declare that to the best of my knowledge the statements provided above are true and accurate. I understand the information that I have provided will be used to investigate my allegations. I, therefore, agree not to discuss this complaint in order to support the integrity and confidentiality of the investigation.

_____ _____
Complainant Signature OFEP Specialist Signature

_____
Date

FOR OFEP INFORMATION PURPOSES ONLY:

OFEP Case #: _____

OFEP Specialist: _____

Intake Date: _____

Alternative Dispute Resolution (ADR): _____

Disposition:

Date: _____
Type: _____

Date of Close-Out: _____