OFFICE OF THE STATEWIDE EQUAL EMPLOYMENT OPPORTUNITY COORDINATOR

Agency Case Tracking Form

Section A

		Date:	
Submitted by:	Agency Name		
	Agency Representative	Title	

Item: ***(Please Circle)***

Complaint	Request for a Reasonable Accommodation

Basis:	**Issue:**

Brief Description:

Agency Case No.:		**Date Filed:**	
Complainant Name:			
Respondent(s) Name:			
Office filed with:			

Course of Action anticipated *(i.e., investigation, forward to, etc.)*:

Please attach a copy of the filed documents	Date	Signature

Section B

To Be Filled Out Upon Completion of Case/Request/Issue

Date Closed:	
Approved By:	
Resolution:	

Please attach a copy of the closing documents including investigating report.	Date	Signature