

ID: 1

Date Received from Agency: #Name?

**Office of the Statewide Equal Employment Opportunity Coordinator
Agency Case Tracking**

Section A

Date of Agency Tracking: 6/11/2007

Agency Name: [REDACTED]

Agency Representative L: [REDACTED] First Name: [REDACTED]

Title: Director, MBE/EEO Division

Item:

Complaint: Complaint Request for a Reasonable Accommodation: [REDACTED]

Issue: [REDACTED] Basis: [REDACTED]

Brief Description:: [REDACTED]
[REDACTED] ability to perform your job

Agency Case No: [REDACTED] Date Filed: 5/31/2007

Complainant L Name: [REDACTED] f Name: [REDACTED]

Respondent(s) Name: [REDACTED]
[REDACTED]
[REDACTED]

Office filed With: [REDACTED]

Course of Action anticipated: Currently under investigation.

Documents attached: [REDACTED] [REDACTED]
[REDACTED]

Date: [REDACTED] Signed by: Unsigned

Section B

Filled Out Upon Completion of Case/Request/Issue:

Date Closed: 6/18/2007 Approved by: [REDACTED]

Resolution: Probable cause

Copy of Investigation Report: No

Date of final Closure: 6/18/2007 Signature: Unsigned

OSEEOC Comments: Status: Probable Cause

[REDACTED]