



101 East 15<sup>th</sup> St #144-T, Austin, Texas 78778-0001  
(512) 463-2643 Fax (888) 452-4778 Toll Free  
[www.twc.state.tx.us](http://www.twc.state.tx.us)

**TEXAS WORKFORCE COMMISSION**  
**Civil Rights Division**  
**Texas Government Code 437.204**  
**State Military Employment Discrimination**  
**Complaint Form**

\*\*\*\*\*

**Please provide the following information:**

Full Name:  
Address:  
City/State/Zip:  
Home Telephone No.  
Cell Telephone No.  
Email:

Company/Agency:  
Address:  
City/State/Zip:  
Office Telephone No.  
Fax No.

Please answer all questions on this complaint form. Partial or missing information could result in your complaint being dismissed as insufficient.

Please submit a copy of your orders to report for training or duty. If you are not in possession of documented orders, please contact your Unit Orderly Room, Immediate Supervisor, or Unit Commander.

What was your job position with the employer identified above:  
Indicate which of the following you are a member or former member of:

- Reserve Militia
- Texas National Guard
- Texas State Guard
- Texas Army National Guard
- Texas Air National Guard
- Other: Please identify the military force of which you are a member

Provide the dates for the following:

Date you began serving with the military force identified above.

Date you began working for your employer.

Date on which you were ordered to  Training or  Duty.

Date you informed your employer of your orders to training or duty.

Date you submitted a copy of your orders to your employer.

Please provide copy of your orders. If you do not have documentation of your orders at this time, please estimate the date that the documentation will be available:

Last day you worked before leaving for training or duty.

Date you gave notice of intent to return to work.

Did you submit this notice in writing:  Yes  No

(If in writing attach a copy of the document submitted.)

Please identify the type of employment action (harm) taken against you. Check all those that apply.

- Denied reinstatement to previous position held when ordered to training/duty
- Loss of time
- Denied fair efficiency rating
- Loss of vacation leave
- Loss of benefits - Identify benefits denied:
- Denied carry forward of unused accumulated leave from one year to next
- Denied return to same position held when ordered to duty
- Disciplined
- Terminated
- Other harm (Please identify):

Please provide as much information as possible in response to the following items including full names and position titles, date of each incident identified, and a description of the incident in detail. Attach additional pages if necessary, and please include copies of any relevant documentation. You may amend your complaint later for additional documentation.

If you use technical or military terminology, please include a list identifying what each term or acronym means. When you have completed the following pages, please sign the form. You may submit the form by emailing it to [EEOintake@twc.state.tx.us](mailto:EEOintake@twc.state.tx.us), by fax to 512/463-2643, or by mail to the address provided above.

If you have any questions, please feel free to contact our office at 512/463-2642 or toll free at 888/452-4778.

## OCCURRENCE DESCRIPTION DETAIL

I believe I have been subjected to an unlawful employment practice in violation of Texas Government Code Chapter 437, Section 437.204, in the following manner:

First unlawful action:

Date

Unlawful Action (i.e. loss of benefits or denied pay or termination.)

Description of incident:

Second unlawful action:

Date

Unlawful Action (i.e. loss of benefits or denied pay or termination.)

Description of incident:

Third unlawful action:

Date Unlawful Action (i.e. loss of benefits or denied pay or termination.)

Description of incident:

NOTE: You may have rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA), federal law found at 38 USC Sections 4301-4335. For information, please contact Employer Support of the Guard and Reserve (ESGR), an official agency of the U.S. Department of Defense, at (800) 336-4590 (press option 1). ESGR can help you determine if your current situation is covered under USERRA. Additionally, the U.S. Department of Labor, Veterans Employment and Training Services (VETS) is authorized to investigate and resolve complaints of USERRA violations. For assistance in filing a complaint or for any other information on USERRA, contact VETS at (866) 4-USA-DOL ((866) 487-2365) or visit <http://www.dol.gov/vets/programs/userra/>.

\*\*\*\*\*

I accept responsibility to advise the Texas Workforce Commission Civil Rights Division if I change my address, phone number, or employment status, and I will cooperate fully during the investigation of my complaint.

I swear or affirm that I have read the information provided above and it is true correct and complete to the best of my knowledge, information, and belief.

**COMPLAINANT COMPLETES BELOW:**

My name is \_\_\_\_\_, my date of birth is \_\_\_\_\_ and my address  
(First) (Middle) (Last) (Date of Birth)

is \_\_\_\_\_, TX, \_\_\_\_\_, United States of America.  
(Street) (City) (Zip)

I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_\_ County,  
(County)

State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(Day) (Month) (Year)

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date