EEO Counselor’s Report Of Informal Complaint
(Form CR-4)

This form must be submitted to the Extension AA/EEO Officer within 5 days of resolving the complaint.

Name of Complainant

Title

Office Address

Basis of Complaint:

☐ Race  ☐ Color  ☐ Religion  ☐ Age  ☐ Sex  ☐ Sexual Orientation  ☐ National Origin

☐ Disability  ☐ Veteran Status

Date(s) Alleged Discrimination Occurred

Date EEO Counselor Informed of Complaint

Circumstances of Complaint: (Be specific; include names, dates, places.)

Action Taken by Counselor: (Be specific; include names, dates, places.)

Disposition of Complaint:

☐ Dropped  ☐ Resolved  ☐ Not Resolved, plans to pursue further

Signed: ___________________________ Date: ___________________________

(EEO Counselor)

Send completed form to:

AA/EEO Officer and Director of Diversity
109 E Whitten Hall
Columbia, MO 65211