

**FAIR EMPLOYMENT PRACTICE OFFICE
DEPARTMENT OF LABOR**

INTERVIEW PROCESS FORM

HM: _____

DATE : _____

WK: _____

TIME: _____

C/O: _____

NAME OF COMPLAINT/INQUIRER: _____

NAME OF RESPONDENT/EMPLOYER: _____ WK: _____

DATE OF EMPLOYMENT: _____ POSITION/TITLE: _____

COMPANY POLICY: (YES) _____ (NO) _____

SUPERVISOR'S NAME: _____

BRIEF DESCRIPTION OF ALLEGED : _____

Intake Signature-FEPO

Complainant-Signature