

### EEO Designation of Representative

Date:

I, , hereby designate   
to act as my Representative in the matters pertaining to my complaint of   
filed with Salt Lake County EEO. (Type of Complaint)

I understand that the authority and responsibilities granted to the above-named person by virtue of this designation may be terminated by me at any time. Should this occur, I will notify EEO in writing of my action.

By designating a representative, I understand that all official correspondence will be sent to my representative with copies to me unless I state otherwise.

I understand that the County will not disclose any HIPAA protected information if I do not sign a release authorizing disclosure of that information to my designated representative. I have attached a HIPAA release for the employee to use when they want to allow disclosure to their designated representative.

(Address)

(City)

(State)

(Zip Code)

(Phone Number)

(Email Address)

Although the person named above may act as my representative, I understand that in the event I withdraw my complaint, I must personally sign a Statement of Withdrawal.

(Signature of Complainant)

(Signature of Representative)