COMPLAINTEE:

Alternate Phone Number:

Name of person(s) discriminated against (if someone other than complainant):

Street Address, City, State and Zip:

Phone Number & Email Address:

Alternate Phone Number:

Please check the reason(s) for which you believe you were discriminated:

- ☐ Race
- ☐ Color
- ☐ National Origin (Limited English Proficiency)

Date of Incident: _____

Please describe the alleged discrimination incident. Provide the name and title of all individuals involved if available. Explain what happened and who you believe was responsible. You may attach any written materials or other information that you believe is relevant to your complaint.

Please list any witness(es) to the alleged discrimination:

Name:
Street Address, City, State and Zip:
Phone Number & Email Address:
Name:
Street Address, City, State and Zip:
Phone Number & Email Address:

What corrective action would you like to see taken?

Have you filed a complaint with any other federal, state or local agency/ agencies/ court(s)?

☐ Yes ☐ No

If so, please list the agencies in which you filed a complaint and provide their contact information:

Agency:

Contact Person:

Street Address, City, State and Zip:

Phone Number & Email Address:

Agency:

Contact Person:

Street Address, City, State and Zip:

Phone Number & Email Address:

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature Date

_____ **Date:** _____

Signature