**Discrimination Complaint Form**

Note: *The following information is needed to assist in processing your complaint.*

Complainant’s Information:

Name:

Address:

City: State: Zip:

Email:

Home Phone Number: Alternate Phone Number:

Person discriminated against (someone other than complainant)

Name:

Address:

City: State: Zip:

Home Phone Number: Alternate Phone Number:

Which of the following best describes the reason you believe the discrimination took place?

Race Religion

Sex Color

National Origin Age

Disability

On what date(s) did the alleged discrimination take place?

Where did the alleged discrimination take place?

Describe the alleged discrimination. Explain what happened and who you believe was responsible. (If

additional space is needed, add a sheet of paper).

List names and contact information of persons who may have knowledge of the alleged discrimination.

If you have filed this complaint with any other federal, state, or local agency, or with any federal or state court, check all that apply.

Federal Agency Federal Court State Agency State Court Local Agency

Name:

Address:

City: State: Zip:

Phone Number:

Please sign below. You may attach any written materials or other information you think is relevant to your complaint.

Number of attachments:

Complainant Signature Date