

## Discrimination Complaint Form

Note: We are asking for the following information to assist us in processing your complaint. If you need help in completing this form, please let us know.

Complainant's Name: \_\_\_\_\_

Street Address:

\_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number – home: (\_\_\_\_) \_\_\_\_\_

Business: (\_\_\_\_) \_\_\_\_\_

1. Person discriminated against (if someone other than the complainant)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

2. What is the name and location of the institution or agency that you believe discriminated against you?

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

3. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

- a. Race (specify) \_\_\_\_\_
- b. Color (specify) \_\_\_\_\_
- c. National Origin (specify) \_\_\_\_\_

4. What date did the alleged discrimination take place? \_\_\_\_\_

5. In your own words, describe the alleged discrimination. Explain what happened, and whom you believe was responsible. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Have you tried to resolve this complaint through the internal grievance procedures at the institution or agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the status of the grievance? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and title of the person who is handling the grievance procedure.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

8. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, check all that apply:

Federal agency \_\_\_\_\_

Federal court \_\_\_\_\_

State agency \_\_\_\_\_

State court \_\_\_\_\_

Local agency \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

9. Do you intend to file this complaint with another agency?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and where do you plan to file the complaint?

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

10. Has the complaint been filed with this agency before?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? Date: \_\_\_\_\_

11. Have you filed any other complaints with this agency?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, when and against whom were they filed?

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date