



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 (____) _____

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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? _____

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

Name _____

Title _____

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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 (_____) _____

Discrimination Complaint Form - continued

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