
Where did the discrimination occur?

Dates and times discrimination occurred?

Were there any other witnesses to the discrimination?

Name
Organization/Title
Work Telephone
Home Telephone

Name
Organization/Title
Work Telephone
Home Telephone

How would you like to see this situation resolved?

Have you filed your complaint, grievance, or lawsuit with any other agency or court?

Who _____ When _____
Status (pending, resolved, etc.) _____ Result, if known _____

Complaint number, if known _____

Do you have an attorney in this matter?

Name _____ Phone _____

Address _____ City _____ Zip _____

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

Complainant Name: _____

Signature: _____ Date _____