|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Complainant** | | | **Home Telephone** |
| **Home Address** | | | **Work Telephone** |
| **Street** | **City, State** | **Zip** |
| **Race/Ethnic Group** | | **Sex** | **Email Address** |
| **Person discriminated against (if other than Complainant)** | | | **Home Telephone** |
| **Home Address** | | | **Work Telephone** |
| **Street** | **City, State** | **Zip** |

1. **SPECIFIC BASIS OF DISCRIMINATION (Check all that apply):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * **Race** | * **Color** | * **National Origin** | * **Sex** | * **Age** | * **Disability** |

1. **Date of alleged discriminatory act(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **RESPONDENT (individual complaint is filed against)**

|  |  |
| --- | --- |
| **Name** | |
| **Position** | **Work Location** |

1. **Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper.**

|  |
| --- |
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|  |

1. **Did you file this complaint with another federal, state or local agency, or with a federal or state court?**

|  |  |
| --- | --- |
| * **Yes** | * **No** |

**If answer is yes, check each agency where complaint was filed:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * **Federal Agency** | * **Federal Court** | * **State Agency** | * **State Court** | * **Local Agency** |

**Date Filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Provide contact information for the additional agency or court:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | | | |
| **Address** | | | **Telephone** |
| **Street** | **City, State** | **Zip** |

**Sign complaint in the space below. Attach any supporting documents.**

|  |  |
| --- | --- |
| **Signature** | **Date** |