COMPLAINT FORM

Please print the following information:

Last Name: ___________________________ First: ________________________ M.I. ________

Home Address:

City: __________________________ State: __________________________ Zip code: ________

Home Telephone: (____) ___________ Cell: __________________ E-mail: ________________

Department/Title: ______________________ Date of Hire: _______________________

Supervisor/Managers Name:

________________________________________

Name of the person you believe discriminated against you (Respondent): ________________

Agency Location: _____________________________________________________________

What is the basis of the alleged discrimination? (Circle only those that apply to your complaint)

☐ Age ☐ Disability ☐ Sexual Orientation
☐ Marital Status ☐ Gender Identity ☐ Retaliation
☐ National Origin ☐ Sex (gender) ☐ Family Responsibility
☐ Color ☐ Pregnancy ☐ Religion
☐ Race ☐ Genetic Status

What issues are associated with your complaint?

☐ Recruitment ☐ Performance Evaluation ☐ Sexual Harassment
☐ Promotion ☐ Demotion ☐ Transfer
☐ Failure to Hire ☐ Discharge

When did the alleged discrimination occur?

Date: __________________________
Where did the alleged discrimination occur?
Location: __________________________________________

Describe what happened? (Please use extra pages if necessary)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Were there any witnesses to the alleged discrimination? Yes ___ No ____
If yes, Please provide witness names and contact number.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have efforts been made to resolve this complaint? Yes____ No___
If yes, what is the status?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What corrective action do you believe would address your complaint?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have you filed a previous complaint of alleged discrimination? Yes ____ No _____
If so, please describe the incident and when it occurred.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have you filed a complaint regarding this matter with any other entity? Yes ___ No ____
If yes, with what agency or organization did you file? _________________________________

Would you like to participate in Mediation? Yes ____ No _ ___

AFFIRMATION

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

Signature __________________________________________ Date ___________