

DISCRIMINATION COMPLAINT FORM

Please complete the following as fully as possible. If you need assistance, contact the compliance officer.

Date of Complaint: _____

Name of Complainant: _____

Position and Building of Complainant: _____

Home Address: _____

Home Telephone: _____

Name and Position of Alleged Perpetrator: _____

Discrimination Alleged:

_____	Race, Color	_____	Marital Status
_____	Sex	_____	Parental Status
_____	Religion, Creed	_____	Age
_____	National Origin	_____	Disability
_____	Sexual Orientation	_____	Gender Identity

Statement of Discrimination: (Include dates, places and persons involved in incidents, if known. List any witnesses, their positions and addresses and telephone numbers. Attach any pertinent written documents. Describe any actions you took in response to the incidents.)

Discrimination Complaint Form (p.2)

I agree that all of the information on this form is given in good faith and is accurate and true to the best of my knowledge.

Signature: _____

Name Printed: _____

Date: _____