

DISCRIMINATION COMPLAINT

Contact Information		
Name:		
Address:		
City:	State:	Zip:
Home Phone:		Work Phone:
Email:		
Discrimination Complaint		
Name of Staff Person that You Believe Discriminated Against You:		
Date of Alleged Incident:		
You were discriminated because of:	<input type="checkbox"/> Race <input type="checkbox"/> Retaliation <input type="checkbox"/> Sex <input type="checkbox"/> Familial Status <input type="checkbox"/> Religion	<input type="checkbox"/> Color <input type="checkbox"/> National Origin (Language) <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Other
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also attach any written material pertaining to your case:		
Signature:		Date: