

Was it because of your:

Race/Color National Origin Sex Age Disability Other

7. What date did the alleged discrimination take place?
8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible.
9. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? Yes No
If yes, provide the date the complaint was filed _____.
10. Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Address:

City, State, and Zip Code:
11. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date