
DISCRIMINATION COMPLAINT INFORMATION FORM

1. Complainant Information:

State your name and address:

City State Zip Code

Telephone Number (S)

Work: _____

Home: _____

Email: _____

Cell Phone: _____

2. Name of Department

3. Name of Immediate Supervisor:

4. Respondent Information:

Name and address of agency involved:

City State Zip Code

5. Name and Title of person(s) charged:

6. Date of alleged violation:

7. Place of alleged violation:

(_____)

Case Number

8. Basis of Alleged Complaint:

___ Race/Color: Specify _____

___ Sex: Male _____ Female _____

___ Age: _____ Date of Birth: _____

___ National Origin: Specify _____

___ Disability: _____

___ Religion: Specify _____

___ Sexual Harassment

___ Sexual Orientation

___ Gender Identity or Expression

___ Unlawful Questions (arrest
record, criminal conviction, or
other)

___ Retaliation

9. Nature of Change:

___ Refusal to Hire

___ Compensation (unequal pay)

___ Job Classification

___ Discharge/Termination

___ Denial of Promotion

___ Unequal Access to Training

___ Demotion

___ Qualifications/testing bias

___ Layoff

___ Recall

___ Seniority

___ Intimidation/Reprisal

___ Harassment

___ Maternity

___ Discriminatory Treatment/Work
Environment

___ Failed to Provide Reasonable
Accommodation (ADA)

COMPLAINT INFORMATION FORM

(Continued)

10. Explain briefly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also attach any written material pertaining you your case.

11. What harm, if any, was caused to you as a result of that action?

12. Have you brought this complaint to anyone else's attention?

13. Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint.

14. Please provide the name of a person not living with you, who would know how to contact you:

Name: _____ **Telephone:** _____

Address: _____

Complainant Signature

Date

Interviewing Officer