



Discrimination Complaint Form

Please provide the following information in order for us to process your complaint. This form is available in alternate formats and multiple languages. Should you require these services or any other assistance in completing this form, please let us know.

Name: _____

Address: _____

Telephone Numbers: (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

Please indicate the nature of the alleged discrimination:

Categories protected under *Title VI of the Civil Rights Act of 1964*:

Race Color National Origin (including limited English Proficiency)

Additional categories protected under related Federal and/or State laws/orders:

Disability Age Sex Sexual Orientation Religion Ancestry

Gender Ethnicity Gender Identity Gender Expression Creed

Veteran's Status Background

Who do you allege was the victim of discrimination?

You A Third Party Individual A Class of Persons

Name of individual and/or organization you allege is discriminating:

Do you consent to the investigator sharing your name and other personal information with other parties to this matter when doing so will assist in investigating and resolving your complaint?

Yes No

