



**TITLE VI/504/ADA and Related
Federal and State Statutes
Discrimination Complaint Form**

FOR OFFICE USE ONLY	
Date: _____	Reviewer Initials: _____

Name of Complainant: _____	Home Telephone Number: _____	Work Telephone Number: _____												
Mailing Address: _____ _____														
What is the most convenient time for us to contact you about this complaint? _____														
Basis of Discriminatory Action(s): <table><tr><td>___ RACE</td><td>___ SEX</td><td>___ MARITAL STATUS</td></tr><tr><td>___ COLOR</td><td>___ NATIONAL ORIGIN/ANCESTRY</td><td>___ VETERAN'S STATUS</td></tr><tr><td>___ RELIGION/CREED</td><td>___ PHYSICAL/MENTAL DISABILITY</td><td>___ GENETIC INFORMATION</td></tr><tr><td>___ AGE</td><td>___ MEDICAL CONDITION</td><td>___ RETALIATION</td></tr></table>			___ RACE	___ SEX	___ MARITAL STATUS	___ COLOR	___ NATIONAL ORIGIN/ANCESTRY	___ VETERAN'S STATUS	___ RELIGION/CREED	___ PHYSICAL/MENTAL DISABILITY	___ GENETIC INFORMATION	___ AGE	___ MEDICAL CONDITION	___ RETALIATION
___ RACE	___ SEX	___ MARITAL STATUS												
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___ AGE	___ MEDICAL CONDITION	___ RETALIATION												
Date and place of alleged discriminatory actions. Please include earliest date of discrimination and most recent date of discrimination: _____ _____														
How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional page(s), if necessary). _____ _____														
Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attached additional page(s), if necessary).														
<u>Name</u>	<u>Address</u>	<u>Telephone</u>												
_____	_____	_____												
_____	_____	_____												

Signature of Complainant

Date