DISCRIMINATION COMPLAINT FORM

Date of Complaint: _____

Name of Complainant: _____

Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else): _____

_____

Who or what entity do you believe discriminated against you (or someone else)? _____

_____

Date and place of alleged incidents(s):_____

_____

_____

Name(s) of witness(es), if any: _____

_____

Nature of discrimination alleged (check all that apply):

	Age		National Origin/Ethnic Background/Ancestry		Sex
	Disability				Sexual Orientation
	Marital Status		Race/Color		Socio-economic Background
			Religion/Creed		

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against. Please be as specific as possible and attach additional pages if necessary: _

_____

_____

_____

_____

_____

_____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature_____ Date: _____

ADOPTED: 4/3/25