

Discrimination Complaint

Name:

Home/Work Phone:

Home Address:

NAME OF AGENCY OR SCHOOL INVOLVED:

Name:

Phone:

Address:

COMPLAINT BASED ON (please circle those that apply):

Disability Gender Race Color National Origin Age

Date of Occurrences: Earliest / / Most Recent / /

EXPLANATION OF THE COMPLAINT:

I declare that the foregoing is true and correct.
Signature and Date