Civil Rights Complaint Form

Name of Complainant _____

Address _____

Telephone Number (include area code) _____

E-Mail Address _____

List Name/Location of Organization Providing Benefits:

_____

_____

Indicate the discriminatory action or incident (include date action occurred):

_____

_____

_____

_____

_____

_____

On what basis does the complainant believe he/she was discriminated against (race, color, national origin, gender, age, disability, reprisal or retaliation for prior civil rights activity)?

_____

_____

Persons who may have knowledge of the discriminatory action:

Name	Title	Address	Phone #