



## 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

