

Name:

Address:

State:

Telephone:

City:

ZIP:

E-mail:

Accessible format of Form Needed? Check all that apply

Large Print

Audio Tape

TDD

Other: [Click here to enter text.](#)

Are you filling out this complaint on your own behalf?

No

Name of person filing complaint:

Address:

City:

State:

ZIP:

Telephone:

E-mail:

Yes

Your relationship to this person:

Have you obtained permission to file on this person's behalf?

Yes

No

The discrimination alleged was on the basis of (*check all that apply*)

Race

Color

National Origin

Other: [Click here to enter text.](#)

Date of alleged discrimination:

Where did alleged discrimination take place?

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons involved, include name and contact information of persons who discriminated against you (if known)

Click here to enter text.

Please list any and all witness' names and contact information.

Click here to enter text.

What type of corrective action would you like to see taken?

Click here to enter text.

Have you filed a complaint with any other Federal, State or local agency/court?

Yes (check all that apply)

Fed. Agency: [Click here to enter text.](#)

Fed. Court: [Click here to enter text.](#)

No

State agency: [Click here to enter text.](#)

State Court

Local Agency: [Click here to enter text.](#)

Local Court

Please attach additional documentation as necessary. Sign and date below:

X

Your Signature

Printed Name