

Civil Rights Complaint Form

Name of Complainant _____

Address _____

Telephone Number (include area code) _____

Email Address _____

List Name/Location of Organization Providing Benefits:

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

a. On what basis does the complainant believe he/she was discriminated (race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity)?

Persons who may have knowledge of the discriminatory action:

Name	Title	Address	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____