

TITLE VI/504/ADA and Related Federal and State Statutes Discrimination Complaint Form

FOR OFFICE USE ONLY

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		Date:	Rev	viewer Initials:	
Name of Complainant:	Hon	ne Telephone Number:	V	Vork Telephone Number:	
Mailing Address:					
What is the most convenient time for us to co	ntact you about this co	omplaint?			
Basis of Discriminatory Action(s):					
RACE COLOR PHYSICAL/MENTAL DISABILITY	— SEX — NATION	AL ORIGIN (including limite	ed English profic	ciency)	
Date and place of alleged discriminatory action	ons. Please include ea	rliest date of discriminat	ion and most r	recent date of discrimination:	
How were you discriminated against? Descrit as possible what happened and why you belit reated differently from you. (Attach additional)	eve your protected st	atus was a factor in the			
Names of persons (witnesses, fellow employ your complaint: (Attached additional page(s),		thers) whom we may co	ntact for additi	onal information to support or c	larify
<u>Name</u>	<u>Address</u>			<u>Telephone</u>	
		 Date			