

For a timely investigation of complaints, submitters must provide a contact method. Complaints received without contact information cannot be processed.

Complainant Information

Name	Email	Home Phone	Mobile Phone
Home Address	City	State	Zip
*Preferred method of communication: Other (<i>if not listed</i>):			

Person Filling Out Form (if not complainant)

Name	Email	Preferred Phone	
Home Address	City	State	Zip

Division, program, activity, or service you believe has discriminated:

Name of those involved:		City	
Name of those involved:		City	
Name of those involved:		City	
Name of those involved:		City	
Name of those involved:		City	

Complaint/Grievance

Date discrimination occurred: _____

Describe the acts of discrimination, providing the name(s) where possible for the individuals who discriminated or were involved or witness such acts (add additional pages or documentation if needed)