Civil Rights Complaint Form

Name of Complainant ________________________________________________________________

Address _________________________________________________________________________

Telephone Number (include area code) _______________________________________________

E-Mail Address ___________________________________________________________________

List Name/Location of Organization Providing Benefits:

________________________________________________________________________________

________________________________________________________________________________

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

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

On what basis does the complainant believe he/she was discriminated against (race, color, national origin, gender, age, disability, reprisal or retaliation for prior civil rights activity)?

________________________________________________________________________________

________________________________________________________________________________

Persons who may have knowledge of the discriminatory action:

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<th>Title</th>
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