External Complaint Form

COMPLAINANT INFORMATION		
Name *(first, middle, and last)*		
Address *(number and street, city, state and ZIP code)*		
Home telephone number ( ) -	Work telephone number ( ) -	Cellular telephone number ( ) -

Name of complainant	Date *(month, day, year)*

PERSON / AGENCY YOU BELIEVE DISCRIMINATED AGAINST YOU		
Name *(first, middle, and last)*	Title	
Name of company		
Address *(number and street, city, state and ZIP code)*		
Home telephone number ( ) -	Work telephone number ( ) -	Cellular telephone number ( ) -

When was the last alleged discriminatory act? ***(month, day, year)*** _____

Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.

The alleged discrimination was based on:

☐ Race ☐ Color ☐ Gender ☐ National Origin ☐ Disability ☐ Age ☐ Retaliation

Describe the alleged act(s) of discrimination. *(Use additional pages, if necessary.)*