Code No. 102.E4

DISCRIMINATION COMPLAINT FORM

Date of complaint:	_____
Name of Complainant:	_____
Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else):	_____ _____
Who or what entity do you believe discriminated against you (or someone else)?	_____
Date and place of alleged incident(s):	_____ _____ _____
Names of any witnesses (if any):	_____

Nature of discrimination alleged (check all that apply):

	Age		Marital Status		Sex
	Disability		Race/Color		Sexual Orientation
	National Origin/Ethnic Background/Ancestry				Socio-economic Background

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against. Please be as specific as possible and attach additional pages if necessary.

_____

_____

_____

_____

_____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____ Date: _____

Approved 8/20/2025