

**Attachment C
Discrimination Complaint Form**

Name of complainant	Date (month, day, year)
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COMPLAINANT INFORMATION		
Name (first, middle, last)		
Address (number and street, city, state, ZIP code)		E-mail address
Home telephone ()	Work telephone ()	Cellular telephone ()

PERSON/DEPARTMENT YOU BELIEVE DISCRIMINATED AGAINST YOU		
Name (first, middle, last)	Title	
Name of Department		
Address (number, street, city, state, Zip code)		
Home telephone ()	Work telephone ()	Cellular telephone ()
When was the last discriminatory act? (month, day, year)		

Complaints of discrimination must be filed within 90 days of the alleged discriminatory act. If the alleged act of discrimination occurred more than 90 days ago, please explain your delay in filing this complaint.

The alleged discrimination was based on:

<input type="checkbox"/> Race	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation
<input type="checkbox"/> Disability	<input type="checkbox"/> Age	<input type="checkbox"/> Religious Affiliation	<input type="checkbox"/> Gender identity
<input type="checkbox"/> Color	<input type="checkbox"/> Retaliation	<input type="checkbox"/> National Origin	<input type="checkbox"/> Other
<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/> Veteran Status	<input type="checkbox"/> Low Income Status	
	<input type="checkbox"/> Housing Status		

Signature	Date (month, day, year)
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Describe the alleged act(s) of discrimination. (Use additional pages, if necessary)

Provide the names of any individuals with additional information regarding your complaint:		
Name of witness (first, middle, last)		
Address	E-mail address	
Home telephone	Work telephone	Cellular telephone
<p data-bbox="248 1465 1372 1522">Include a brief description of the relevant information the witness may provide to support your complaint of discrimination:</p> <div data-bbox="248 1522 1372 1820" style="border: 1px solid black; min-height: 140px;"></div>		