

4. Are there other individuals or organizations involved in this discrimination complaint?

- Yes
- No

If yes, please provide their name, telephone number, and address below:

Name: _____

Phone #: _____

Mailing Address: _____
P.O. Box or Street Address City State Zip Code

5. Describe the nature of the alleged discrimination involved:

6. Explain in detail what happened, when, and how the alleged discrimination occurred. State who was involved and how other persons were treated differently.

7. What other information do you think might be helpful to an investigation?

8. Please list below any persons (witnesses, fellow employees, supervisors, or others) who have direct knowledge of the situation that might be able to provide information to support or clarify the complaint:

Name: _____

Phone #: _____

Mailing Address: _____
P.O. Box or Street Address City State Zip Code