

REPORT OF DISCRIMINATION

Name of Complainant: _____

For Employees, Position: _____

For Applicants, Position Applied For: _____

Address, Phone Number
and Email Address: _____

Date(s) of Alleged Discrimination: _____

Name(s) of person(s) you believe discriminated against you or others: _____

Please describe in detail the incident(s) of alleged discrimination, including where and when the incident(s) occurred. Please name any witnesses that may have observed the incident(s). Please include a description of any past incidents that may be related to this complaint. Attach additional pages if necessary.

I certify that the information provided in this report is true, correct and complete to the best of my knowledge.

Signature of Complainant Date

Complaint Received By: _____
Compliance Officer Date