

Discrimination Complaint Form

Name _____ Phone Number _____ Date _____

Address _____

Description of Complaint (Make sure to include who, what, when, why, and where)

What action do you request?

Complainant's Signature _____

Investigation Unsubstantiated Substantiated

- I accept the Resolution.
- I Do Not accept the Resolution and request to move to the next step.
- I Do Not accept the Resolution but do not elect to move to the next step.

Complainant's Signature _____	Executive Director/Designee _____	Date _____
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Final Determination (The next step in process based on the above information)

Complainant's Signature _____	Executive Director/Designee _____	Date _____
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*** Deliver this form immediately to the Executive Director or Operations Manager.**