



<b>8. Date of Alleged Discrimination (Month, Day, Year):</b>
<b>9. Where did the Alleged Discrimination take place?</b>
<b>10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). Use the back of this form or separate pages if additional space is required.</b>
<b>11. Please list any and all witnesses' names and phone numbers/contact information. Use the back of this form or separate pages if additional space is required.</b>
<b>12. What type of corrective action would you like to see taken?</b>
<b>13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes If yes, check all that apply <input type="checkbox"/> No</b>  <b>a. <input type="checkbox"/> Federal Agency (List agency's name)</b> <b>b. <input type="checkbox"/> Federal Court (Please provide location)</b> <b>c. <input type="checkbox"/> State Court</b> <b>d. <input type="checkbox"/> State Agency (Specify Agency)</b> <b>e. <input type="checkbox"/> County Court (Specify Court and County)</b> <b>f. <input type="checkbox"/> Local Agency (Specify Agency)</b>
<b>14. Please provide information about a contact person at the agency/court where the complaint was filed.</b>  <b>Name:</b> _____ <b>Title:</b> _____ <b>Agency:</b> _____ <b>Telephone: (    )</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____

**You may attach any written materials or other information that you think is relevant to your complaint.**

Signature and date is required:

\_\_\_\_\_  
Signature Date

If you completed Questions 4, 5 and 6, your signature and date is required

\_\_\_\_\_  
Signature Date