COMPLAINANT'S NAME: ________________________________

NAME OF PERSON(S) WHO WERE RESPONSIBLE FOR THE ALLEGED ACTION:

__________________________________

__________________________________

TITLE ________________________________

NAME OF DEPARTMENT INVOLVED:

__________________________________

PHONE NUMBER: _____________________

PHONE NUMBER _____________________

EMAIL ______________________________

EMAIL ______________________________

WHEN AND WHERE DID THE ALLEGED ACT(S) OF DISCRIMINATION OCCUR:

DATE ________________________________

PLACE ______________________________

WHAT WAS THE CATEGORY OF THE ADVERSE ACTION (CHOOSE ALL THAT APPLY):

___HIRING  ___TRAINING  ___REPRISAL/RETAIATION

___PROMOTION  ___PAY  ___REASSIGNMENT

___RETIRED  ___SEPARATION  ___PERFORMANCE EVALUATION

___TERMINATION  ___WORK ASSIGNMENT  ___SUSPENSION

___REINSTATEMENT  ___REPRIMAND  ___WORK CONDITIONS

___HARASSMENT  ___WORK HOURS  ___SEXUAL HARASSMENT

___AWARDS  ___OTHER

WHAT DO YOU BELIEVE MOTIVATED THE DISCRIMINATION:

___RACE  ___RELIGION  ___SEX  ___NATIONAL ORIGIN  ___PARENTHOOD

___COLOR  ___DISABILITY  ___AGE  ___MARITAL STATUS  ___PREGNANCY

___VETERAN’S STATUS  ___GENETIC INFORMATION  ___REPRISAL/RETAIATION

Explain what happened and how you were allegedly discriminated against. If you are claiming that others were treated differently from you, please state the details.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
List all records or documents that may support your allegation:

__________________________________________________________________________________________
__________________________________________________________________________________________

List below any person(s), witnesses, fellow employees, supervisors, or others that may be contacted for additional information to support, or clarify your complaint.

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In order to resolve your complaint, what remedy do you seek?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

I have been advised of the internal and external avenues of redress and that I may have the right to representation during all phases of my complaint of alleged discrimination.

At this time, I would like to file an (informal / formal) complaint.

Signature of Complainant  Date