



Application Seeking the Filing of a Complaint

First Name															Last Name														
Street Address																													
City															State										Zip Code				
Home Phone															Work Phone														
Alternate Contact Information –Name and Phone Number (of a person not living with you).																													
Email Address																													

Gender _____ Race/Ethnicity (optional): _____

Who are you filing against?

<input type="checkbox"/> Company	<input type="checkbox"/> Union	<input type="checkbox"/> Individual
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Government	<input type="checkbox"/> Other:

Name of Person or Company																													
Street Address																													
City															State										Zip Code				
Work Phone																													

If Company, please provide a Contact Person

First Name															Last Name														

- ___ Race
- ___ Color
- ___ Disability
- ___ Age

- ___ Country of Origin
- ___ Religion
- ___ Marital Status
- ___ Sex
- ___ Sexual Orientation

Have you hired a lawyer for this complaint? No____Yes____, If so please provide information.

Last Name

[illegible][illegible]

State

[illegible][illegible]

FOR OFFICE USE ONLY

Complainant Presented I.D

Form of I.D

Signature

Today's Date



“COMPLAINT STATEMENT PAGE”

Last Name

[illegible]

Please explain why you believe you were discriminated against. Please include all relevant names and dates. If you have any documents concerning the situation, please attach copies to your statement.

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook or legal stationery. There are no margins, text, or other markings present.

Today's Date