

# Civil Rights Complaint Form

Name of Complainant \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (include area code) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

List Name/Location of Organization Providing Benefits:

\_\_\_\_\_  
\_\_\_\_\_

Indicate the discriminatory action or incident (include date action occurred):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On what basis does the complainant believe he/she was discriminated against (age, gender, color, national origin, race, or disability).

\_\_\_\_\_  
\_\_\_\_\_

Name	Title	Address	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

