

Complainant's Name		Job Title/Classification	
Section-District-Branch	Location		Telephone Number
Type of Discrimination Alleged Race/Color                      Sexual Harassment Gender                            Ancestry/National Origin Disability                        Religious/Political Opinion Age                                 Sexual Orientation Marital Status                 Retaliation		Discriminatory Action Alleged Performance Eval/Discipline Working Conditions Reasonable Accommodation Client/Consumer Services Other:	
Specific Group Discriminated Against (e.g., Hispanic, Deaf, etc.)		Date of Most Recent Discriminatory Action	
Person Alleged to be Responsible for Discriminatory Action		Job Title/Classification	
Section-District-Branch	Location		Telephone Number

Describe the action(s) taken against you and how they adversely affected you. State facts supporting your belief that the actions were taken because of your protected status. Provide a detailed description. (Attach add'l pages, if necessary.)

Suggest Departmental action which would resolve your complaint.

Complainant's Signature 	Date
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