

Civil Rights Complaint Form

This form may be used to file a civil rights complaint regarding discrimination in service delivery.

Complainant Name: _____

Street Address: _____

City, State, ZIP: _____

Phone Number: _____

Email (optional): _____

If someone is helping you file this complaint, provide their name and contact information (optional):

Name: _____ Phone: _____

Agency or Program Where Discrimination Occurred: _____

Basis of alleged discrimination (check all that apply):

- Race Color National Origin Sex Religion
- Creed Age Disability Public Assistance Status
- Sexual Orientation Gender Identity Other: _____

Describe what happened (include dates, names, and witnesses if known):

Signature: _____ Date: _____