

External Discrimination Complaint Form

(Title VI/Nondiscrimination and ADA/Section 504 Complaints)

Name	Phone	Name of Person(s) That Discriminated Against You
Address	Location and Position of Person (If Known)	
City, State, Zip	City, State, Zip	
Discrimination Because of: <input type="checkbox"/> Race <input type="checkbox"/> Age	<input type="checkbox"/> Color <input type="checkbox"/> Disability <input type="checkbox"/> National Origin <input type="checkbox"/> Retaliation	<input type="checkbox"/> Sex <input type="checkbox"/> Date of Alleged Incident
<p>Explain As Briefly And Clearly As Possible What Happened And How You Were Discriminated Against. Indicate Who Was Involved. Be Sure To Include How Other Persons Were Treated Differently Than You. Also Attach Any Written Material Pertaining To Your Case.</p>		
Signature	Date	