



9. Where did the Alleged Discrimination take place?

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10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Use the back of this form or separate pages if additional space is required.

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11. Please list any and all witnesses' names and phone numbers/contact information.

Use the back of this form or separate pages if additional space is required.

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12. What type of corrective action would you like to see taken?

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13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes If yes, check all that apply No

- List of agencies and courts with checkboxes for filing a complaint.

14. Please provide information about a contact person at the agency/court where the complaint was filed.

Form fields for contact person name, title, address, phone, and email.

You may attach any written materials or other information that you think is relevant to your complaint.

Attachment line 1

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Attachment area 1 with dashed line and grid

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Attachment line 2

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Attachment area 2 with dashed line and grid