



Address: \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Telephone No:  
Home: (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Please explain your relationship to this person(s).  
\_\_\_\_\_

3. \* Agency and department or program that discriminated:

Name: \_\_\_\_\_

Any individual if known: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone No: (\_\_\_\_) \_\_\_\_\_

4A. \* Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the bases(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").

\_\_\_\_ Race/Color: \_\_\_\_\_

\_\_\_\_ National origin: \_\_\_\_\_

\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_ Religion: \_\_\_\_\_

\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_ Disability: \_\_\_\_\_

4B. \* Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").

\_\_\_\_ Race/Color: \_\_\_\_\_

\_\_\_\_ National origin: \_\_\_\_\_

\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_ Religion: \_\_\_\_\_

\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_ Disability: \_\_\_\_\_

5. What is the most convenient time and place for us to contact you about this complaint?

\_\_\_\_\_

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and or/provide information about your complaint:

Name: \_\_\_\_\_

Telephone No: (\_\_\_\_) \_\_\_\_\_



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12. What remedy are you seeking for the alleged discrimination?

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13. Have you (or the person discriminated against) filed the same or any other complaints with other Federal offices?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, do you remember the Complaint Number?

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Against what agency and department or program was it filed?

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Address of agency \_\_\_\_\_

Zip \_\_\_\_\_

Telephone No of agency \_\_\_\_\_

Date of Filing: \_\_\_\_\_

Briefly, what was the complaint about?

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What was the result?

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14. SIGNATURE (A complaint that has not been signed cannot be accepted.)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please feel free to attach additional explanatory sheets.