



6. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible.

Do you have any witnesses to verify your allegations?

Yes    No

If yes,

Name

Address

City, State, Zip Code

Telephone (    )

7. Have you tried to resolve this complaint through the internal grievance procedure at the accused department or agency?

Yes    No

If yes, what is the status of the grievance?

Name and title of the person who is handling the grievance procedure.

Name

Title

Telephone Number (    )

8. Have you filed this complaint with any other federal, state or local agency; or with any federal or state court?

Yes No

If yes, check all that apply:

Federal Agency

Federal Court

State Agency

State Court

Local Agency

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

Name

Address

City, State, Zip Code

Telephone Number ( )

9. Do you intend to file this complaint with another agency?

Yes No

If yes, when and where do you plan to file the complaint?

Date

Agency

Address

City, State, Zip Code

Telephone Number ( )

10. Has this complaint been filed with this agency before?

Yes No

If yes, when? Date

11. Have you filed any other complaints with this agency?

Yes    No

If yes, when and against whom were they filed?

Date

Name

Address

City, State, Zip Code

Telephone Number (    )

Give a brief description of the other complaint

What is the status of the other complaint?

12. Are you represented by an attorney with regard to anything related to this matter?

Yes    No

If yes, please fill in the following:

Attorney's Name

Address

City, State, Zip Code

Telephone Number (    )

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

Complainant's Signature

Date