RICHARDSON BAY REGIONAL AGENCY

TITLE VI/504/ADA and Related Federal and State Statutes Discrimination Complaint Form

Name of Complainant: _____
Home Telephone Number: _____
Work Telephone Number: _____
Mailing Address: _____
What is the most convenient time for us to contact you about this complaint?

_____

Basis of Discriminatory Action(s):

____ Race
____ Sex
____ Marital Status
____ Color
____ National Origin/Ancestry
____ Veteran's Status
____ Religion/Creed
____ Physical/Mental Disability
____ Genetic Information
____ Age
____ Medical Condition
____ Retaliation

Date and place of alleged discriminatory actions. Please include earliest date of discrimination and most recent date of discrimination:

_____
_____

How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional page(s), if necessary).

_____
_____
_____
_____
_____

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Add additional pages if necessary.)

Name(s):	Address(es):	Telephone Number(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ _____
Signature of Complainant Date