COMPLAINT VERIFICATION INFORMATION

Your name, address, and telephone number(s): Name, address, and telephone number(s) of person(s) who discriminated against you:

Name, address and telephone number(s) of agency or organization involved in your complaint:

Are there other persons or organizations involved in this discrimination case?

If YES, please give the names, addresses and telephone numbers below:

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<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>TELEPHONE</th>
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Which of the following describes the nature of the discrimination involved?

__Race/Color  __National Origin  __Religion  __Sex  __Disability  __Age  __Sexual Orientation  __Gender Identity

Does your charge of discrimination involve:

a. Your job or seeking employment?
   Hiring
   Work Assignment
   Promotion
   Demotion
   Discipline
   Layoff/Recall
   Retaliation
   Termination
   Other (Specify)

OR b. You using facilities or someone providing services/protection to you (or others)?
   If yes, how?
   Brutality
   Harassment
   Language
   Applying rules/laws differently
   Access to buildings/programs
   Retaliation
   Different standards/opportunities/programs
   Segregation
   Other (Specify)

Which month(s), day(s), and year(s) did the most recent discrimination against you take place?

Beginning: Month____ Day __ Year ____

Ending: Month____ Day __ Year ____
Explain in detail what happened and how you were discriminated against. State who was involved and show how other persons were treated differently from you. (Also, attach any written materials or documentation pertaining to your case.)

Has the opposite sex or have persons of other races, national origin, religions, or disabilities been treated differently from you in this particular matter? ____ If yes, please explain and identify:

Why do you believe this occurred?

What other information do you think might be helpful to our investigation?

If this complaint is resolved to your satisfaction, what remedy do you seek?

Please list below any persons (witnesses, fellow employees, supervisors, or others) whom we might contact for additional information to support or clarify your complaint:

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Have you filed a case or complaint with any of the following? (Check the appropriate items.)
Civil Rights Division, U.S. Dept. Of Justice
U.S. Equal Employment Opportunity Commission
State or local Human Relations Commission
Other Federal Agency
State Law Enforcement Planning Agency
Federal or State Court
Attorney (Note the name and address above)
Other (specify)

For any item checked above, please provide the following information:

Name of Agency: ______________________________________________________________________________

Date Filed: ________________________

Case or Docket Number: _____________________

Date of Trial or Hearing: _____________________

Location of Agency or court: _____________________________________________________________________

Name of Investigator_________________________

Status of Case: ______________________________

Additional comments: __________________________________________________________________________
_____________________________________________________________________________________________

DATE:_____________________________ SIGNED:____________________

(Continue any question on additional sheets if necessary)

(Please also complete and submit the Identity Release Statement)

Office for Civil Rights
Office of Justice Programs
U.S. Department of Justice
810 7th Street, NW
Washington, D.C. 20531