

## 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:

| NAME  | ADDRESS | TELEPHONE |
|-------|---------|-----------|
| _____ | _____   | _____     |
| _____ | _____   | _____     |

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?

If yes, which of the following apply?

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:

| Name  | Address | Telephone Number |
|-------|---------|------------------|
| _____ | _____   | _____            |
| _____ | _____   | _____            |
| _____ | _____   | _____            |

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  
Other Federal Agency  
Federal or State Court

State or local Human Relations Commission  
State Law Enforcement Planning Agency  
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 7<sup>th</sup> Street, NW  
Washington, D.C. 20531