

COMPLAINANT INFORMATION

Last Name	First Name	Middle Name
Address and Phone	Job Title, Branch, Division	

ALLEGED OFFENDERS

Name	Job Title/Organization
Name	Job Title/Organization
Name	Job Title/Organization

BASIS OF COMPLAINT

Check box or boxes for applicable protected class.

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Sex/Gender	<input type="checkbox"/> Gender Identity or Expression	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Religion	<input type="checkbox"/> National Origin	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Age	<input type="checkbox"/> Disability
<input type="checkbox"/> Genetic Information	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Arrest and Court Records	<input type="checkbox"/> Income Assignment for Child Support	<input type="checkbox"/> National Guard Absence	<input type="checkbox"/> Uniformed Service/Veteran's Status
<input type="checkbox"/> Citizenship	<input type="checkbox"/> Credit History or Credit Report	<input type="checkbox"/> Domestic or Sexual Violence Victim Status	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Other (Specify)	

COMPLAINT SUMMARY

(Provide details of who, what, when, and where. Attach additional pages if needed.)

REQUESTED REMEDY

(Provide corrective action or remedies you are seeking.)

WITNESS INFORMATION

(Provide names and contact information for witnesses, if any. Attach additional pages if needed.)

Witness Name	Job Title/Organization/Phone
Witness Name	Job Title/Organization/Phone
Witness Name	Job Title/Organization/Phone

The information provided above is truthful and accurate to the best of my knowledge.

Complainant's Signature: _____

Date: _____

Complaint Received by: _____
Name, Title, Signature

Date: _____