

COMPLAINT OF DISCRIMINATION

NAME	AID TYPE
ADDRESS	CASE NUMBER
	PHONE NUMBER () AREA CODE

I believe I have been discriminated against on the basis of:

- RACE
- NATIONAL ORIGIN
- RELIGION
- MARITAL STATUS
- SEX
(including Gender Identity)
- COLOR
- DISABILITY
(including HIV Status)
- AGE
- POLITICAL AFFILIATION
- DOMESTIC PARTNERSHIP
- SEXUAL ORIENTATION
- ETHNIC GROUP IDENTIFICATION

NAME OF PERSON WHO DISCRIMINATED	TITLE	DATE OF OCCURRENCE	PLACE OF OCCURRENCE AND AGENCY

Describe in your own words what action(s) have happened to lead you to believe you have been discriminated against.

Indicate what resolution you are seeking.

I understand the above information is true and complete to the best of my knowledge and belief.

COMPLAINANT'S SIGNATURE	DATE
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