

6. I believe that the discrimination I experienced was based on (check all that apply)

Race Color National Origin Disability Accessibility issue

Other (Please specify):

7. Date of alleged discrimination (Month, Day, Year):

8. Where did the alleged discrimination take place?

9. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.*

10. Please list any and all witnesses' names and phone numbers/contact information.

Use the back of this form or separate pages if additional space is required.

11. What type of corrective action would you like to see taken?

