



### Discrimination Complaint Form

The purpose of this form is to assist you in filing a complaint with the Human Resources Office. You are not required to use this form, a letter with the same information is sufficient. However, the information requested in the items marked with a star (\*) must be provided whether or not this form is used.

1. \* State your name and address.

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work or Cell: \_\_\_\_\_

2. \* Person(s) discriminated against, if different from above:

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work or Cell: \_\_\_\_\_

Please explain your relationship to this person(s):  
\_\_\_\_\_  
\_\_\_\_\_

3. \* Individual, department, or program that discriminated:

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work or Cell: \_\_\_\_\_

4 (A).\* Non-employment. Does your complaint concern discrimination in the delivery of services or other discriminatory actions of an individual, department, or program in their treatment of you or others?  Yes,  No

If yes, please indicate below the base(s) on which you believe these discriminatory actions were taken.

Race/Ethnicity: \_\_\_\_\_  National origin: \_\_\_\_\_

Sex: \_\_\_\_\_  Religion: \_\_\_\_\_

Age: \_\_\_\_\_  Disability: \_\_\_\_\_

Other: \_\_\_\_\_

4B.\* Employment. Does your complaint concern discrimination in employment by the agency?  Yes,  No

If yes, please indicate below the base(s) on which you believe these discriminatory actions were taken.

Race/Ethnicity: \_\_\_\_\_  National origin: \_\_\_\_\_

Sex: \_\_\_\_\_  Religion: \_\_\_\_\_

Age: \_\_\_\_\_  Disability: \_\_\_\_\_

Other: \_\_\_\_\_

5. What is the most convenient time and place for us to contact you about this complaint?

\_\_\_\_\_

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work or Cell: \_\_\_\_\_

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work or Cell: \_\_\_\_\_

8.\* To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: \_\_\_\_\_

Most recent date of discrimination: \_\_\_\_\_

9. Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

10.\* Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

11. The laws we enforce prohibit intimidation or retaliation against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #10), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

12. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

13. Do you have any other information that you think is relevant to our investigation of your allegations?

14. What remedy are you seeking for the alleged discrimination?

15. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

U.S. Equal Employment Opportunity Commission,  Federal or State Court,

Your State or local Human Relations/Rights Commission,

Grievance or complaint office,  Other: \_\_\_\_\_

16. If you have already filed a charge or complaint with an agency indicated in #15, above, please provide the following information (attach additional pages if necessary):

Agency: \_\_\_\_\_

Date filed: \_\_\_\_\_ Case/Docket Number: \_\_\_\_\_ Date of Trial/Hearing: \_\_\_\_\_

Location of Agency/Court: \_\_\_\_\_

Name of Investigator: \_\_\_\_\_ Status of Case: \_\_\_\_\_

Comments: \_\_\_\_\_

17.\* We cannot accept a complaint if it has not been signed. Please sign and date this Complaint Form below. By my signature below, I attest that the information provided is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please feel free to add additional sheets to explain the present situation to us.)*

Consent Form. We will need your consent to disclose your name, if necessary, in the course of any investigation therefore, a signed Consent Form is required as well.

*(If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person. Make copies for your records.)*

Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form to:

**Human Resources Manager  
Encompass Community Supports  
P.O. Box 1568, Culpeper, VA 22701**

18. How did you learn that you could file this complaint?