

COMPLAINT FOR DISCRIMINATORY PRACTICE

(Please block print or type)
File original and two copies

If the person cannot read or write, the signature of a witness is required, stating that he/she completed this form for claimant.

1. Name _____
Last Name Mother's Maiden Name Name

2. Postal Address _____
_____ Zip Code Telephone

3. Residential Address _____

4. Actually employed? Yes ___ No ___

A. If yes:

a) Employer or place of work _____

_____ Telephone

b) Name and address
employer _____

_____ Telephone

5. Date of the alleged discriminatory practices _____

If acts were recurrent indicate date of last occurrence _____

6. Cause of discrimination

a. Age

b. Race

c. Color

d. Sex

e. Nacional Origin

f. Political affiliation

g. Social condition

h. Disability

i. Sexual Harassment

j. Veteran or member of the U.S. Armed Forces

k. Religious ideas

7. Person(s) who discriminated against you

Name _____

Address _____

_____ Telephone

8. Relationship with you (supervisor, employee, co-worker, consultant, other)

9. Name all people present at time of alleged discriminatory practice (If necessary use additional sheet)

a. Name _____

Address _____

Telephone _____ Place of employment _____

_____ Relationship with you

b. Name _____

Address _____

Telephone _____ Place of employment _____

_____ Relationship with you

10. Have you spoken to anyone about this? ___ yes ___ no If yes, with whom?

Name _____

Address _____

Telephone _____ Employer: _____

_____ Relationship with you

11. Result of this conversation: _____

12. Have you filed a complaint in another Office, Agency, Court or Group?

Yes _____ No _____

If the answer is yes, please include the corresponding information:

Name of Agency or Office: _____

Address _____

Telephone _____ Case number: (if any) _____

Status _____

13. Briefly describe the unjust acts committed against you and how such acts differ from treatment to others in similar condition (use additional sheet if necessary)

14. I attest to having read this information and believe it to be true to the best of my knowledge, information and belief.

Claimant's signature or sign*

Date

❖ Needs witness certification