

**REPORT OF DISCRIMINATION**

Name of Complainant: \_\_\_\_\_

For Employees, Position: \_\_\_\_\_

For Applicants, Position Applied For: \_\_\_\_\_

Address, Phone Number \_\_\_\_\_  
and Email Address:

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Alleged Discrimination: \_\_\_\_\_

Name(s) of person(s) you believe discriminated against you or others:

\_\_\_\_\_

Please describe in detail the incident(s) of alleged discrimination, including where and when the incident(s) occurred. Please name any witnesses that may have observed the incident(s). Please include a description of any past incidents that may be related to this complaint. Attach additional pages if necessary.

I certify that the information provided in this report is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

Complaint Received By:

\_\_\_\_\_  
Compliance Officer

\_\_\_\_\_  
Date