



*Where did the discrimination occur?*

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*Dates and times discrimination occurred?*

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*Were there any other witnesses to the discrimination?*

Name	Organization/Title	Work Telephone	Home Telephone

*How would you like to see this situation resolved?*

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*Have you filed your complaint, grievance, or lawsuit with any other agency or court?*

Who \_\_\_\_\_ When \_\_\_\_\_  
Status (pending, resolved, etc.) \_\_\_\_\_ Result, if known \_\_\_\_\_  
Complaint number, if known \_\_\_\_\_

*Do you have an attorney in this matter?*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_