REPORT FORM FOR COMPLAINTS OF DISCRIMINATION

Complainant: _____
Home Address: _____
Home Phone: _____
Date of Alleged Incident(s): _____

Alleged discrimination was based on: _____

Name of person you believe violated the Joint Operating Committee's nondiscrimination policy:
_____

If the alleged discrimination was directed against another person, identify the other person:
_____

Describe the incident as clearly as possible, including any verbal statements (i.e. threats, derogatory remarks, demands, etc.) and any actions or activities. Attach additional pages if necessary: _____
_____
_____
_____
_____

When and where incident occurred: _____

List any witnesses who were present: _____
_____

This complaint is based on my honest belief that _____ has discriminated against me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

_____ _____
Complainant's Signature Date

_____ _____
Received By Date