

# UNLAWFUL DISCRIMINATION STATE CITY IP

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Home/Cell \_\_\_\_\_ Email \_\_\_\_\_  
Student \_\_\_\_\_ Employee \_\_\_\_\_ Other: \_\_\_\_\_

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Student \_\_\_\_\_ Employee \_\_\_\_\_ Other: \_\_\_\_\_

*(Non-employment complaints must be filed within one year of the date of the alleged unlawful discrimination. Employment complaints must be filed within 180 days of the date of the alleged*

_____	Military/Veteran Status
_____	National Origin
_____	Physical/Mental Disability
_____	Race
_____	Religion
_____	Retaliation
_____	Sex/Gender
_____	Sexual Orientation
_____	Other Protected Class (Explain):

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Clearly state your complaint. Describe each incident of alleged discrimination separately. For each incident provide the following information:

- 1) date(s) the discriminatory action occurred;
- 2) name(s) of individual(s) who participated in discriminatory conduct;
- 3) location of incident;
- 4) what happened;
- 5) witnesses (if any);
- 6) why you believe the conduct was motivated by your protected classification;
- 7) if applicable, explain why you believe you were retaliated against for filing a complaint or asserting your right to be free from discrimination on any of the above grounds.

*(Attach additional pages as necessary.)*

I certify that this information is correct to the best of my knowledge.

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

\_\_\_\_\_  
*Date*

Name of individual documenting verbal complaint: \_\_\_\_\_

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Email*

**OFFICE USE ONLY**

Date complaint received: \_\_\_\_\_

\_\_\_\_\_  
*Received by*

\_\_\_\_\_  
*Title*