

APPENDIX 3

Department of Public Safety Discrimination Complaint Information Form

Please complete and submit this form to the Equal Employment Opportunity Coordinator identified in Appendix B, if you think you have been discriminated against based on your race, color, national origin, sex, age, disability, Limited English Proficiency ("LEP"), or income.

1. Complainant Contact Information:

Please provide the following contact information:

Name:	
Mailing address:	
City:	
State:	
Zip:	
Home phone number:	
Work phone number:	
Email address:	

2. Respondent Contact Information:

Please provide the following contact information of the agency and/or person against whom you are making your complaint:

Name:	
Mailing address:	
City:	
State:	
Zip:	
Business phone number:	

3. What is the most convenient time and place for us to contact you about your complaint?:

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4. To your best recollection, on what date(s) did the discrimination against you take place?

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Exact or approximate date of first occurrence:

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Exact or approximate date of most recent occurrence:

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5. Have you ever attempted to resolve this complaint with the Respondent you identified above in Question 2?

YES | NO

6. Explain as briefly and clearly as possible what happened, and why you think you were discriminated against based on what happened. Provide as many specific details as possible. Also attach any written material that you think is relevant to your complaint.

(Please attach additional pages if needed)

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7. Basis of Complaint: Which of the following best describes why you believe you were discriminated against (check all that apply):

- Race
- Color
- National origin
- Sex
- Age
- Disability
- Limited English Proficiency ("LEP")
- Income
- Other: Specify _____

11. What other information that you have not already provided do you think is relevant to your complaint?

(Please attach additional pages if needed)

12. If your complaint were to be resolved to your satisfaction, what changes or remedies would you want to see made?

(Please attach additional pages, if necessary)

A large, empty rectangular box with a thin black border, intended for the respondent to provide their answer to question 12. The box occupies most of the lower half of the page.

13. Please list below any persons (witnesses, fellow employees, supervisors, or others), and their contact information, who we may contact for additional information relevant to your complaint (please attach separate pages with such persons' names and contact information, if necessary):

Name:	
Mailing address:	
Email address:	
Telephone number:	

Name:	
Mailing address:	
Email address:	
Telephone number:	

Name:	
Mailing address:	
Email address:	
Telephone number:	

14. Do you have an attorney? Yes No

If yes, please provide your attorney's name, mailing and email addresses, and telephone number:

Attorney name:	
Mailing address:	
Email address:	
Telephone number:	

15. Have you filed a case or complaint with any of the following (check all that apply)?:

- Civil Rights Division, United States Department of Justice
- United States Equal Employment Opportunity Commission
- Federal or State Court
- Your State or local Human Relations/Rights Commission

16. For each item you checked in Question 15 above, please provide the following information (please attach additional pages, if necessary):

Agency name:	
Date filed:	
Case or docket number, if any:	
Date of trial or hearing, if any:	
Location of agency or court:	
Name of Investigator:	
Status of case:	
Any additional information that you think is relevant to your complaint and/or that you would like the Equal Employment Opportunity Coordinator to know:	

To the best of my knowledge and belief, the information I have provided in this "Discrimination Complaint Information Form" is true and accurate.

Having read this form and provided responses to the questions in it, I hereby freely and voluntarily sign and date this form below. (Note: This complaint form will be considered INCOMPLETE AND WILL NOT BE PROCESSED unless signed by the Complainant and a Witness to the Complainant's signature):

Signature of Complainant

Date:

Signature of witness to Complainant's signature

Date:

Printed name of witness to Complainant's signature