Discrimination Complaint Form

1. Check the type of complaint you are filing:
   
   ____ Employment   ____ Title VI

2. Provide your name, address, telephone number, email address and date of birth:
   
   Name: _______________________________________________
   Address: _______________________________________________
   City, State and Zip: _____________________________________
   Telephone Number: _____________________________________
   Email: _______________________________________________
   Date of Birth: _________________________________________

3. Provide Contact information of someone who can assist us in contacting you should we have difficulty reaching you.
   
   Name: _______________________________________________
   Address: _______________________________________________
   City, State and Zip: _____________________________________
   Telephone Number: _____________________________________
   Cellular Number: _______________________________________

4. Provide the name of the person or entity and address that you believe discriminated against you.
   
   Name: _______________________________________________
   Entity Name: __________________________________________
   For Employment only, name of immediate supervisor:
   
   _____________________________________________________
   Address: _______________________________________________
   City, State and Zip: _____________________________________

5. When did the acts or alleged discriminatory acts occur?
   
   Beginning date of the alleged discriminatory act? __________
   Most recent date of the alleged discriminatory act? __________
   Is the alleged discriminatory act ongoing? ______ Yes ______ No
6. Have you tried to resolve the complaint with the institution, agency, or person?

______ Yes _______ No

If yes, what is the status of the complaint?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? _______ Yes _________ No

If yes, please indicate what agencies and/or courts you have filed a complaint.

________________________________________________________________________
________________________________________________________________________
Employment Complaints Only

Employment History

Employment began on: ____________________
Employment Ended on: ____________________
Pay Rate/Salary: ____________________

Job Title at Time of Hire: ____________________
Current Job Title or Title at the time of termination: ____________________

Name of Supervisor: ____________________

Did you file with the EEOC?
Yes ______ No ______

Basis of Discrimination:

Please mark below only the categories which apply. Specify within the categories you mark.

____ Race ____________________ 
____ Sex/Gender ___ Male ___ Female
____ Color _________________
____ Religion ___________________
____ National Origin __________
____ Creed ___________________
____ Disability ______________
____ Age (40 and over) __________

____ Retaliation
Check below if you were retaliated against because of any of the following:
____ Filed a complaint of discrimination
____ Gave testimony or otherwise participated in a discriminatory investigation
____ Opposed or objected to the discrimination
____ Other: ______________________________________________________

Which of the following employment actions were taken against you?

____ Discharged   ____ Transferred   ___ Denied Benefits
____ Laid Off    ____ Demoted    ___ Denied Pay Raise
____ Suspended    ____ Failure to Hire ___ Denied Religious Accommodation
____ Harassed/Intimidated ___ Failure to Promote ___ Denied Disability Accommodation
____ Retaliated Against ___ Failure to Recall ___ Other ______
Title VI Complaints Only

For discrimination in programs and activities receiving federal financial assistance.

Basis for Discrimination:
Please specify the categories which you marked.

____ Race ______________________________________________________________
____ Color ______________________________________________________________
____ National Origin______________________________________________________

Retaliation:
Check below if you were retaliated against because of any of the following:
____ Filed a complaint of discrimination
____ Gave testimony or otherwise participated in a discrimination investigation
____ Opposed or objected to discrimination
____ Other _____________________________________________________________

Which of the following actions were taken against you?
____ Denied program service, aid, or benefit
____ Received service or benefit differently or inferior to those provided to other
____ Retaliated Against
____ Other _____________________________________________________________
In your words, please describe what happened. Please be as specific as possible. Give dates, when applicable. Also, describe how others were treated differently than you. Use additional paper if needed.
Important Notice

You, as the complainant, have the right to hire an attorney and file a civil lawsuit in the state court system, either Chancery or Circuit, at any time during the investigation of this complaint. If you choose this option, you must file suit within (1) year after the alleged discriminatory practice ceases, and prior to any determination being made by GNRC. Unlike federal law, state law does not toll the statute of limitations on your claim while your charge is being investigated and/or mediated by this organization. You are not required to file a complaint with GNRC, and you do not need GNRC’s permission before you can file suit in the Chancery or Circuit Court. If you file a civil lawsuit in Chancery or Circuit Court, then pursuant to state law, GNRC must administratively close the investigation of your complaint.

By signing this complaint form, you are acknowledging that you have read and understand your rights as set forth above.

Declaration: I declare under the penalty of perjury that the foregoing information in my complaint is true and correct.

________________________   ____________________
Complainant Signature          Date
Witnesses: Please list any individual(s) that may have information that supports or clarifies your complaint. Include as much contact information as possible. This information will not be provided to Respondent unless otherwise provided by law.

Name: ____________________________
Address: ________________________________________________________________
City, State and Zip: _______________________________________________________
Phone: ____________________________

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