

REPORT OF DISCRIMINATION – EMPLOYEE

Name of Complainant: _____

Position: _____

For Applicants, Position for which Applicant Applied:

Address: _____

Phone Number: _____

Email Address: _____

Date(s) of Alleged Discrimination: _____

Name(s) of person(s) you believe discriminated against you or others: _____

Please describe in detail the incident(s) of alleged discrimination, including where and when the incident(s) occurred. Please name any witnesses that may have observed the incident(s). Please include a description of any past incidents that may be related to this complaint. Attach additional pages if necessary.

I certify that the information provided in this report is true, correct and complete to the best of my knowledge.

Signature of Complainant Date

Complaint Received By: _____
Executive Director or Compliance Officer Date

Date Adopted: May 16, 2013, Reviewed: September 18, 2025