

# Employment Discrimination Complaint Form

## Complainant Information

Full Name

Address

Phone

Email

## Employer Information

Employer Name

Employer Address

Employer Phone

## Discrimination Details

Date(s) of Incident

Basis of Discrimination

Description of Incident

## Witnesses (if any)

Witness Name(s) and Contact Information

## Additional Information

Any Other Relevant Information

## Certification

I certify that the above information is true and correct to the best of my knowledge.

Signature

Date