

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

 Select... ▾

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