



DISCRIMINATION COMPLAINT FORM

<p>Your Name: _____</p> <p>Address: _____</p> <p>City & Zip: _____</p> <p>Telephone: _____</p>	<p>Cause of Discrimination (check any that apply):</p> <table border="0"><tr><td><input type="radio"/> Race</td><td><input type="radio"/> Religion</td></tr><tr><td><input type="radio"/> Color</td><td><input type="radio"/> Age</td></tr><tr><td><input type="radio"/> National Origin</td><td><input type="radio"/> Disability</td></tr><tr><td><input type="radio"/> Ancestry</td><td><input type="radio"/> Familial Status</td></tr><tr><td><input type="radio"/> Sexual Orientation</td><td><input type="radio"/> Income</td></tr><tr><td><input type="radio"/> Gender Identity</td><td></td></tr></table>	<input type="radio"/> Race	<input type="radio"/> Religion	<input type="radio"/> Color	<input type="radio"/> Age	<input type="radio"/> National Origin	<input type="radio"/> Disability	<input type="radio"/> Ancestry	<input type="radio"/> Familial Status	<input type="radio"/> Sexual Orientation	<input type="radio"/> Income	<input type="radio"/> Gender Identity	
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<p>Person(s) discriminated against if different from above:</p> <p>Name: _____ Address: _____</p> <p>Phone Number: _____ Relation to person(s) discriminated against: _____</p>													
<p>Date of incident: _____ Time: _____</p> <p>Address/Location: _____</p> <p>Organization or program that discriminated: _____</p> <p>Any individual(s) (if known): _____</p> <p>Please explain the problem: _____</p>													
<p>What remedy are you seeking for the alleged discrimination?</p>													

<p>Have you filed this complaint with any other Federal, State, or local agency or with any Federal or State court? Yes [] No []</p> <p>If yes, please list the agency and case information if available:</p>	
<p>I affirm that the charge as listed is true to the best of my knowledge, information and belief.</p>	
<p>_____</p> <p>(Signature)</p>	<p>_____</p> <p>(Date)</p>

Please submit this form in person to City Hall, 201 West 4th Street, or another City office.

Form received by:

 City Employee Signature

 Date Received

*I verify the form is being submitted by individual listed above

*Submit to City Title VI Coordinator. KDOT must be advised within 10 business days of receipt of allegation.

*Pittsburg Human Relations Commission will review allegation within 10 business days.