



*What remedy are you seeking for the alleged discrimination? Please note that this process will not result in the payment of punitive damages or financial compensation.*

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*List any other persons that we should contact for additional information in support of your complaint. Please list their names, phone numbers, address, email address below.*

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*Have you filed your complaint, grievance, or lawsuit with any other agency or court?*

Who \_\_\_\_\_ When \_\_\_\_\_

Status (pending, resolved, etc.) \_\_\_\_\_ Result, if known \_\_\_\_\_

Complaint number, if known \_\_\_\_\_

*Do you have an attorney in this matter?* \_\_\_\_\_

Name (print) \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_