

7. Person(s) who discriminated against you

Name _____

Address _____

_____ Telephone

8. Relationship with you (supervisor, employee, co-worker, consultant, other)

9. Name all people present at time of alleged discriminatory practice (If necessary use additional sheet)

a. Name _____

Address _____

Telephone _____ Place of employment _____

_____ Relationship with you

b. Name _____

Address _____

Telephone _____ Place of employment _____

_____ Relationship with you

10. Have you spoken to anyone about this? ___ yes ___ no If yes, with whom?

Name _____

Address _____

Telephone _____ Employer: _____

_____ Relationship with you

11. Result of this conversation: _____

12. Have you filed a complaint in another Office, Agency, Court or Group?

Yes _____ No _____

If the answer is yes, please include the corresponding information:

Name of Agency or Office: _____

Address _____

Telephone _____ Case number: (if any) _____

Status _____

13. Briefly describe the unjust acts committed against you and how such acts differ from treatment to others in similar condition (use additional sheet if necessary)

14. I attest to having read this information and believe it to be true to the best of my knowledge, information and belief.

Claimant's signature or sign*

Date

❖ Needs witness certification