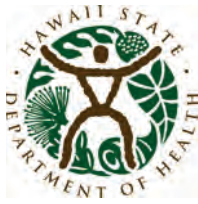




## Non-Employee Discrimination Complaint Form

Section I:			
Name of Complainant (First and Last Name):			
Address:			
Telephone (Home):	Telephone (Work):		
Electronic Mail Address:			
Accessible Format Requirements?	Large Print <input type="checkbox"/>	Audio Tape <input type="checkbox"/>	
	TDD <input type="checkbox"/>	Other <input type="checkbox"/>	
Section II:			
Does the complainant have a representative?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>	
<i>*If you answered "yes" to this question, please provide your representative's contact information.</i>			
Name of Representative (First and Last Name):			
Address:			
Telephone (Home):	Telephone (Work):		
Electronic Mail Address:			
Please confirm you have provided permission to the representative to represent you in this matter.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Section III:			
I believe the discrimination I experienced was based on (check all that apply):			
Race <input type="checkbox"/>	Color <input type="checkbox"/>	National Origin <input type="checkbox"/>	Sex <input type="checkbox"/>
Age <input type="checkbox"/>	Disability <input type="checkbox"/>	Retaliation <input type="checkbox"/>	Other <input type="checkbox"/>
Date of the Alleged Discrimination (Month, Day, Year): _____			
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use and attach a separate sheet.			



**Section IV:**

Describe the harm alleged to have occurred, or which will occur, because of the alleged discrimination. If more space is needed, please use the back of this form or use and attach a separate sheet.

**Section V:**

Identify the parties alleged to be subjected to, or potentially impacted by, the alleged discrimination.

**Section VI:**

Have you previously filed a discrimination complaint with this agency

Yes

No

If yes, please provide any reference information regarding your previous complaint.



**Section VII:**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes

No

If yes, name all that apply: \_\_\_\_\_

If yes, please provide information about a contact person at the agency/court where the complaint was filed:

Name:

Title:

Agency/Court:

Address:

Telephone:

**Section VIII:**

Name of HDOH division or attached agency complaint is against (if known):

Name of person complaint is against:

Title:

Location:

Telephone Number (if available):

You may attach any written materials or other information you think is relevant to your Complaint.

Your signature and date are required below.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date