

REPORT OF DISCRIMINATION

Name of Complainant:

For Employees, Position:

For Applicants, Position Applied For:

Address, Phone Number and Email Address:

Date(s) of Alleged Discrimination:

Name(s) of person(s) you believe discriminated against you or others:

Please describe in detail the incident(s) of alleged discrimination, including where and when the incident(s) occurred. Please name any witnesses that may have observed the incident(s). Please include a description of any past incidents that may be related to this complaint. Attach additional pages if necessary.

I certify that the information provided in this report is true, correct and complete to the best of my knowledge.

Signature of Complainant

Date

Complaint Received By:

Compliance Officer

Date