

Complainant's Name		Job Title / Classification
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Section-District-Branch	Location	Telephone Number
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Type of Discrimination Alleged		Discriminatory Action Alleged
Race/Color	Sexual Harassment	Performance Eval/Discipline
Gender	Ancestry/National Origin	Working Conditions
Disability	Religious/Political Opinion	Reasonable Accommodation
Age	Sexual Orientation	Client/Consumer Services
Marital Status	Retaliation	Other:

Specific Group Discriminated Against (e.g., Hispanic, Deaf, etc.)	Date of Most Recent Discriminatory Action
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Person Alleged to be Responsible for Discriminatory Action	Job Title / Classification
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Section District Branch	Location	Telephone Number
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Describe the action(s) taken against you and how they adversely affected you. State facts supporting your belief that the actions were taken because of your protected status. Provide a detailed description. (Attach add'l pages, if necessary.)

Suggest Departmental action which would resolve your complaint.

Complainant's Signature	Date
	

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