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

Adopted: August 1, 2017

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