



COMPLAINT FORM

This form should be used by participants who wish to file a discrimination complaint against any person or program. To file a discrimination complaint, complete this form, sign on page 3 and return to the Equal Opportunity Coordinator or Quality Assurance Department.

Personal Information		
Name	Daytime Phone	Alternate Phone
Street Address		
City	State	Zip
Email	Service Area	
Complaint Information		
<i>Please tell us what happened in the space below. Include when, where and who was involved. Please use the back of this form if you need more space.</i>		

Basis for the Discrimination

Check the type of discrimination you experienced, such as age, race, color, national origin, disability, etc.
If you believe more than one basis was involved, you may check more than one box.

<input type="checkbox"/> Age - provide date of birth:	<input type="checkbox"/> Citizenship
<input type="checkbox"/> Color	<input type="checkbox"/> Disability
<input type="checkbox"/> National Origin (Including limited English proficiency)	<input type="checkbox"/> Religion <input type="checkbox"/> Harassment
<input type="checkbox"/> Retaliation <input type="checkbox"/> Gender - Specify <input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Sex (including pregnancy, childbirth, or related medical conditions, gender identity, and transgender status)
<input type="checkbox"/> Race - indicate race: <input type="checkbox"/> Political Affiliation or Belief	<input type="checkbox"/> Status as a program participant under the Workforce Innovation Opportunity Act <input type="checkbox"/> Other (Specify):

Have You Previously Filed a Complaint Against this Person(s)/Entity? Yes No

If YES, answer the questions below, if NO move to next section.

Was your complaint in writing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On what date did you file the complaint?		
Name of office where you filed your complaint:		
Address:		
City:	State:	ZIP Code:
Phone number:	() -	
Contact person (if known):		
Have you been provided a final decision or report?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you marked "YES", please attach a copy of the complaint.		

What Corrective Action or Remedy Do You Seek? Please Explain.

Alternate Dispute Resolution (Mediation)

Notice—You must indicate if you wish to mediate your case. The Social Development Commission cannot begin to process your complaint until you have made a selection. Please check **YES** or **NO** in the spaces below.

- Mediation is an alternative to having your complaint investigated.
- Neither party loses anything by mediating.
- The parties to the complaint review the facts, discuss opinions about the facts, and strive for an agreement that is satisfactory for both.
 - Agreement to mediate is not an admission of guilt by the person(s)/entity that you claim discriminated against you.
 - Mediation is conducted by a trained, qualified and impartial mediator.
 - You (or your Personal Representative) have control to negotiate a satisfactory agreement.
 - **Terms of the agreement are signed by the complainant and the person(s)/entity that you claim discriminated against you.**
 - **Agreements are legally binding on both parties.**
 - If an agreement is not reached, a formal investigation will start.
 - Failure to keep an agreement will result in a formal investigation.
 - A formal investigation will be opened if retaliation is reported.
- **Do you wish to mediate your complaint?**
(Please check only one box)

YES, I want to mediate.
 NO, please investigate.

If you select “YES” you will be contacted within five business days with more information.

Complainant Signature

Your signature on this form will initiate the processing of this complaint. By signing this form, you are declaring under penalty of perjury that the information included is true and correct to the best of your knowledge of belief.

Signature:

Date: