

# Sample Complaint Form

## Civil Rights Complaints Form basic components

Full name of person filing complaint: \_\_\_\_\_  
First Middle Last

Address of person filing complaint: \_\_\_\_\_  
Street / P.O. Box City State Zip

Daytime phone number of person filing complaint: ( ) \_\_\_\_\_

Name and location of the agency / entity delivering the service or benefit: \_\_\_\_\_

Describe the nature of the incident or action that led to the complaint or provide an example of the method of administration which is having a disparate effect on the public, potential participants, or participant

On what basis does the complainant feel discrimination exist? (race, color, national origin, sex, age, or disability):

Provide the name(s), title(s) and business address(es) of persons who may have knowledge of the discriminatory action: \_\_\_\_\_

Indicate the date(s) during which the alleged discriminatory actions occurred, or if continuing, the duration of such actions:

\_\_\_\_\_  
Name of person completing the report

\_\_\_\_\_  
Title of person completing the report

\_\_\_\_\_  
Date