

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