

Date _____

DISCRIMINATION COMPLIANCE

Complaint Form

Complainant Information

NAME: _____ Home Phone: _____

ADDRESS: _____ Cell Phone: _____

CITY/STATE: _____ Zip Code: _____

NATURE OF COMPLAINT ___ Village Policy, ___ Village Services, ___ Village Program/Activity
___ Employment Practices, ___ Contractual Arrangement, ___ Other.

Specific Department: _____

Date Occurred: _____ Time: _____ Place: _____

Depts./Individuals Involved: _____

Witnesses, if any: _____

Description of Incident: _____

Resolution Sought by Complainant: _____

Signature of Complainant

Date Signed