REPORT FORM FOR COMPLAINTS OF DISCRIMINATION

Complainant: ________________________________________________________________
Home Address: ________________________________________________________________
Home Phone: ________________________________________________________________
Date of Alleged Incident(s): ______________________________________________________

Alleged discrimination was based on: (circle those that apply)
- Race
- Color
- National Origin
- Gender
- Disability
- Religion
- Ancestry
- Age
- Sexual Orientation

Name of person you believe violated the Joint Operating Committee's nondiscrimination policy:
______________________________________________________________________________

If the alleged discrimination was directed against another person, identify the other person:
______________________________________________________________________________

Describe the incident as clearly as possible, including any verbal statements (i.e. threats, derogatory remarks, demands, etc.) and any actions or activities. Attach additional pages if necessary:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

When and where incident occurred: ________________________________________________

List any witnesses who were present: ________________________________________________
______________________________________________________________________________

This complaint is based on my honest belief that ________________________ has discriminated against me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

_________________________________________  ______________________________
Complainant's Signature                  Date

_________________________________________  ______________________________
Received By                               Date