

Northwest Commission Non Discrimination Complaint Form

Please Print All Information Below

Complainant Name: Name of Individual assisting Complainant:

_____ / _____

Complainant Address: Assisting Individual Address

Complainant Phone # Assisting Individual Phone # {Home or Cell}

If a Title VI Complaint, please list which below: (e.g., Race, Color, National Origin)

If any, please list any other basis of complaint (Sex, Age, Disability, Retaliation, Religion)

Date(s) of alleged discrimination:

Please provide a detailed description of the circumstances of the incident(s), including any additional information supporting your complaint (please use additional pages as necessary):

Please provide the name(s), title and address of the person who discriminated against the Complainant.

Please provide, if applicable, names and contact information of people who may have knowledge of the alleged incident(s) or are perceived as parties in the complained-of incident(s):

Please list any other agency where complaint has been filed:

Complainant Signature: _____

Date: _____

Next Action:
