



EXTERNAL DISCRIMINATION COMPLAINT FORM

Mail the signed form to the City of Waco, Human Resource Office
P.O. Box 2570, Waco, Tx. 76702-2570

Last Name		First Name		
Mailing Address		City	State	Zip
Telephone	Alternate Telephone	E-mail Address		
<p>Please indicate the basis of your complaint:</p> <p> <input type="checkbox"/> Race _____ <input type="checkbox"/> Age _____ <input type="checkbox"/> National Origin _____ <input type="checkbox"/> Color _____ <input type="checkbox"/> Gender _____ <input type="checkbox"/> Disability _____ </p>				
<p>Date and place of alleged discriminatory action (s). Please include the earliest date of discrimination and the most recent date of discrimination.</p>				
<p>How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional pages, if necessary).</p>				

The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.

Names of Individuals responsible for the discriminatory action(s):

Names of Persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (attach additional pages if necessary).

Name	Address	Telephone
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Have you filed, or intend to file, a complaint regarding the matter with any of the following agencies? If yes, please provide filing dates. Check all that apply.

- U.S. Department of Transportation _____
- Federal Highway Administration _____
- Federal Transit Administration _____
- Office of Federal Contract Compliance Programs _____
- U.S. Equal Employment Opportunity Commission _____
- U.S. Department of Justice _____
- Other _____

Have you discussed the complaint with any City of Waco Representative? If yes, provide the name, position, and date of discussion.

Briefly explain what remedy, or action, you are seeking for the alleged discrimination.

Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation.

We cannot accept an unsigned complaint. Please print your name, sign and date the complaint form below:

Complainant's Printed Name

Complainant's Signature

Date

FOR OFFICE USE ONLY

Date Complaint Received: _____ Case #: _____

Processed By: _____ Date Referred: _____