



Discrimination Complaint Form

The purpose of this form is to assist you in filing a complaint with the RRCS Human Resources Office. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not this form is used.

1.* State your name and address.

Name: _____

Address: _____

Zip: _____

Telephone: Home: (_____) _____ Work or Cell: (_____) _____

2.* Person(s) discriminated against, if different from above:

Name: _____

Address: _____

Zip: _____

Telephone: Home: (_____) _____ Work or Cell: (_____) _____

Please explain your relationship to this person(s): _____

3.* Individual, department or program that discriminated:

Name: _____

Address: _____

Zip: _____

Telephone: _____

4A.* Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of an individual, department or program in their treatment of you or others? _____

If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

_____ Race/Ethnicity: _____

_____ National origin: _____

_____ Sex: _____

_____ Religion: _____

_____ Age: _____

_____ Disability: _____

_____ Other: _____

4B.* Employment: Does your complaint concern discrimination in employment by the agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

_____ Race/Ethnicity: _____
_____ National origin: _____
_____ Sex: _____
_____ Religion: _____
_____ Age: _____
_____ Disability: _____
_____ Other: _____

5. What is the most convenient time and place for us to contact you about this complaint? _____

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: _____
Telephone: Home: (_____) _____ Work or Cell: (_____) _____

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: _____
Address: _____

Zip: _____
Telephone: Home: (_____) _____ Work or Cell: (_____) _____

8.* To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____
Most recent date of discrimination: _____

9. Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint. _____

12. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name	Address	Area Code/Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Do you have any other information that you think is relevant to our investigation of your allegations? _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

14. What remedy are you seeking for the alleged discrimination? _____
- _____
- _____
- _____

15. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

_____ U.S. Equal Employment Opportunity Commission

_____ Federal or State Court

_____ Your State or local Human Relations/Rights Commission

_____ Grievance or complaint office

_____ Other

16. If you have already filed a charge or complaint with an agency indicated in #15, above, please provide the following information (attach additional pages if necessary):

Agency: _____

Date filed: _____

Case or Docket Number: _____

Date of Trial/Hearing: _____

Location of Agency/Court: _____

Name of Investigator: _____
Status of Case: _____
Comments: _____

17.* We cannot accept a complaint if it has not been signed. Please sign and date this Complaint Form below.

(Signature) (Date)

Please feel free to add additional sheets to explain the present situation to us. We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person.) Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

Human Resources Manager
Rappahannock Rapidan Community Services
15361 Bradford Road
P.O. Box 1568
Culpeper, VA 22701
(540) 825-3100

18. How did you learn that you could file this complaint? _____

