



DTC DISCRIMINATION COMPLAINT FORM

Last Name	First Name	☐ Male	☐ Female
Mailing Address	City/State	Zip	
Home Telephone	Other Telephone	E-mail Address	
Do you wish to remain anonymous? ☐ Yes ☐ No			
Alleged Discrimination: ☐ Race ☐ Color ☐ National Origin ☐ Age ☐ Religion ☐ Disability ☐ Sex/Gender			
Race of Complainant: ☐ Black ☐ White ☐ Hispanic ☐ Asian American ☐ American Indian ☐ Alaska Native ☐ Pacific Islander ☐ Other _____			
How were you discriminated against? Please explain your complaint as clearly as possible. Include how other persons were treated differently. Use additional sheet(s), if necessary. Attach supporting documents if available.			
Date and place of the alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date(s) of discrimination.			
The law prohibits intimidation or retaliation against anyone because they have either taken action, or participated in action, to secure rights protected by the laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Describe the action you took which you believe was the cause for the alleged retaliation.			
Name(s) of individual(s) responsible for the discriminatory action(s).			
Name(s) of person(s) who may be contacted for additional information to support or clarify your complaint. (Attach additional sheets, if necessary).			