

Please describe the alleged discrimination incident (continued)	
Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No If so, list agency / agencies and contact information below:	
Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:
Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:
I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. <input type="checkbox"/>	
<i>If yes, please check box.</i>	
Complainants Signature:	Date:

Print or Type Name of Complainant

Date Received: _____

Received By: _____