

Note: The following information is needed to assist in processing your complaint.

Complainant's information:

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone Number (Home): _____

Telephone Number (Other): _____

Person discriminated against (if someone other than complainant):

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone Number (Home): _____

Telephone Number (Other): _____

Email Address: _____

Relationship to the person for whom you are complaining:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

☐ Yes ☐ No

Which of the following best describes the reason you believe the discrimination took place? Please Circle.

Race

Color

National Origin

Disability

Other:

On what date(s) did the alleged discrimination take place?

Date:

Date:

Date:

Please describe the alleged discrimination. Explain what happened and whom you believe was responsible. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. Include the location(s) of the alleged act of discrimination (include vehicle number if appropriate). If additional space is needed, add a sheet of paper.

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Circle all that apply.

Federal Agency

Federal Court

State Agency

State Court

Local Agency

If you have checked above, please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone Number (Home): _____

Telephone Number (Other): _____

Email Address: _____

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Signature: _____

Date: _____

Attachments: Yes No

Submit form and any additional information to:

Diane R. Taylor, Director of Human Resources
Senior Services of Southeastern Virginia
2551 Eltham Ave Suite Q, Norfolk, Virginia 23513

or email dtaylor@ssseva.org