

Complainant:	Phone:
Address:	Email:
Person Discriminated Against if Different from Above:	Phone:
Address:	Email:

What is the full legal name of the organization that discriminated against you?

Type of Discrimination:	Date of Incident:
<input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> Race/Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Retaliation	

Date and place of alleged discriminatory actions. Please include earliest date of discrimination and most recent date of discrimination:

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your complaint (attach additional pages if necessary):

Names and contact information of persons (witnesses, others) whom we may contact for additional information to investigate your complaint:

The complaint will not be accepted if it has not been signed. Please sign and date this complaint form below. You may attach any written materials or other supporting information that you believe is relevant to the complaint.

_____ *Signature* _____ *Date*

Attachments: Yes No

Please submit this completed form to:

Lancaster County Board of Commissioners
Attn: Deputy Chief Administrative Officer
555 South 10th St, Suite 110
Lincoln, Nebraska 68508

OFFICE USE ONLY	
Received By:	Date: