

OFFICE FOR CIVIL RIGHTS DISCRIMINATION COMPLAINT FORM

From the Office for Civil Rights,
wdcrobcolp01.ed.gov/CFAPPS/OCR/complaintform.cfm

Office for Civil Rights Discrimination Complaint Form

Before completing this form, please read the information describing its use:
<http://www.ed.gov/about/offices/list/ocr/complaintintro.html>

* **required fields**

1. Enter information about yourself.

* **First Name:**

* **Last Name:**

* **Address:**

* **City:**

* **State:**

* **Zip Code:**

Best Time to Call You: Day

* **Primary Phone Number:** (xxx-xxx-xxxx)

Alternative Phone Number: (xxx-xxx-xxxx)

* **Your Email Address:**

2. Who else can we call if we cannot reach you?

Contact's Name:

Daytime Phone Number: (xxx-xxx-xxxx)

Relationship to you:

3. Who was discriminated against?

- Yourself?
- Someone else?

If someone other than yourself please include:

Injured Person's Name:

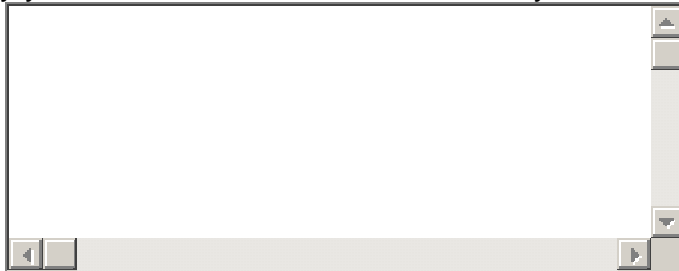
On what basis were you discriminated against?
(You may select more than one.)

- race or color
- national origin
- disability
- sex
- age
- retaliation because you filed a complaint or asserted your rights
- Boy Scouts Equal Access Act

In the space provided below please describe each discriminatory action separately. For each action, you need to provide the following information:

- date(s) the discriminatory action occurred;
- name(s) of individual(s) who discriminated;
- what happened;
- witnesses, (if any);

why you believe the discrimination was because of race, sex, disability, or whatever basis you indicated above or why you believe the action was retaliatory.



Do you have written information that you think will help us understand your complaint?

- Yes No

You will be contacted with instructions for submitting this information (please do not send original documents).

7. Your complaint must be filed within 180 days of the discriminatory action

The laws that we enforce require that complaints be filed with our office within 180 days of the alleged discriminatory event. If any of the alleged discriminatory actions took place more than 180 days before the postmark or receipt date of this complaint, you may request a waiver of the 180-day limit.

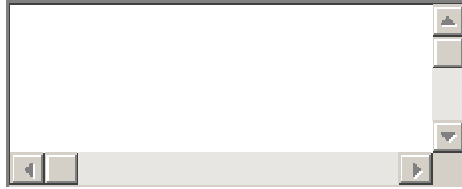
When did the last act of discrimination occur?

Enter the date: (mm/dd/yyyy)

Are you requesting a waiver of the 180-day filing time limit for discrimination that occurred more than 180 days before the filing of this complaint?

Yes No

Reason for not filing complaint before 180 days.



8. What would you like the institution to do as a result of your complaint — what remedy are you seeking?



9. Please read the Information About OCR's Complaint Processing Procedures, Office for Civil Rights Notice About Investigatory Uses of Personal Information, and Consent Form. All these documents are downloadable. Before we can complete initial processing of your complaint, we will need your signed consent authorizing us to proceed. Please sign and date A or B on the consent form and mail it to the OCR Enforcement Office responsible for your complaint.

Click 'submit' to send your complaint to OCR. Your complaint will be routed to the OCR office with authority to handle complaints in the state where the institution or entity you are complaining about is located. A staff person will contact you once we receive your electronic complaint form.

SUBMIT
