

CIVIL RIGHTS COMPLAINT/GRIEVANCE FORM

DATE OF RECEIPT: _____
(For Office Use Only)

COMPLAINANT NAME: _____

COMPLAINANT PHONE NO. & ALTERNATE CONTACT PHONE NO.: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

**I BELIEVE THAT I HAVE BEEN DISCRIMINATED FOR THE FOLLOWING REASONS:
(PLEASE CHECK ALL THAT APPLY)**

<input type="checkbox"/> Race	<input type="checkbox"/> Ethnicity	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age
<input type="checkbox"/> Citizenship	<input type="checkbox"/> Sex	<input type="checkbox"/> Religion	<input type="checkbox"/> Disability
<input type="checkbox"/> Political Affiliation or Belief	<input type="checkbox"/> Employment Service Related		
<input type="checkbox"/> Other (Specify): _____			

DATE OF COMPLAINT: _____

DATE(S) and TIME(S) OF ALLEGED EVENT(S) OF DISCRIMINATION:
List date(s) and time(s) the discrimination incident occurred.

GROUND OR BASIS OF COMPLAINT:

State Complaint: Explain as clearly as possible what happened, when and where it happened, and why you believe it is a form of discrimination. Make sure to include dates, places and times of incident(s) list names and phone numbers of any witnesses. Please attach additional pages if necessary and attach pertinent documents if any.

DESCRIPTION OF DISCRIMINATION ISSUE/COMPLAINT VIOLATION:

(State the reason i.e. I was discriminated against due to my age; race; gender, etc...)

DETAILED DESCRIPTION OF THE ALLEGATION(S):

Please describe to the best of your ability what happened, list names and phone numbers of any witnesses.

NAME(S) OF PERSON(S) AGAINST WHOM COMPLAINT IS BEING FILED (RESPONDENT):

List the name of all persons who you believe have violated your rights.

LOCATION OF PERSON(S) AGAINST WHOM COMPLAINT IS BEING FILED:

THE WCCNM/NM WORKFORCE CONNECTION OPERATOR OR DESIGNEE WILL BE CONDUCTING A CONFIDENTIAL INVESTIGATION OF THE COMPLAINT(S). DURING THE COURSE OF THE INVESTIGATION CONFIDENTIALITY WILL BE MAINTAINED WITH THE RESPONDENT AND ANY WITNESSES.

CERTIFICATION:

I CERTIFY that the information furnished here is true and accurate to the best of my knowledge. I AGREE TO COOPERATE WITH THE AUTHORITIES CONDUCTING THE INVESTIGATION OF THIS COMPLAINT.

Signature of Complainant:

Date:

THE FOLLOWING INFORMATION IS OPTIONAL

DEMOGRAPHICS:

PROVIDE YOUR GENDER: _____
(Male/Female)

PROVIDE YOUR DATE OF BIRTH: _____

PLEASE INDICATE WHICH OF THE FOLLOWING APPLY:

- AFRICAN AMERICAN/BLACK
- AMERICAN INDIAN/ALASKAN NATIVE
- ASIAN
- HAWAIIAN/OTHER PACIFIC ISLANDER
- WHITE
- OTHER _____

HERITAGE: HISPANIC/LATINO

(For office use only)

WCOS User ID or Last Four Digits of Social Security Number:

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Signature of Staff Member Taking Complaint:

Date:

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Once complete, please submit to Arthur Martinez, Workforce Administrator at: amartinez@mrcog-nm.gov