



North Carolina Department of Public Safety

Governor's Crime Commission

Roy Cooper, Governor
Erik A. Hooks, Secretary

Robert Evans, Chairman
Caroline C. Valand, Executive Director

DISCRIMINATION COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint of discrimination with the Governor's Crime Commission. The time you take to fill out this form is appreciated, as the Governor's Crime Commission needs to know if, and when, unlawful discrimination is alleged against itself or one of its recipients or subrecipients.

The Governor's Crime Commission may use this form in investigating allegations of discrimination, though action by the Governor's Crime Commission is not a substitute for legal action or other remedies that may be available to you. Please be aware that time frames for filing a formal discrimination complaint or civil action may apply and that retention of legal counsel may be necessary to safeguard your civil rights. The Governor's Crime Commission does not give legal advice, nor does it supply legal counsel. Please also know that antidiscrimination laws may contain non-retaliation provisions that are designed to protect against action taken against persons who file or participate in claims of unlawful discrimination.

You are not required to use this form, and a letter containing the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, regardless of whether, or not, this particular form is used.

1.* Write your name and address:

Name: _____

Address: _____

_____ Zip _____

Telephone No: Home: (____) _____ Work: (____) _____

2.* Person(s) discriminated against, if different from above:

Name: _____

Address: _____ Zip _____

Telephone: Home: (____) _____ Work: (____) _____

Please explain your relationship to this person(s).

3.* Agency and department or program that discriminated:

Name: _____

Any individual if known: _____

Address: _____

_____ Zip _____

Telephone No: (____) _____

DISCRIMINATION COMPLAINT FORM - CONTINUED

4A.* Non-employment: Does your complaint concern discrimination in the delivery of services and/or other discriminatory actions by the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken:

____ Race/Ethnicity: _____

____ National origin: _____

____ Sex: _____

____ Religion: _____

____ Age: _____

____ Disability: _____

____ Sexual Orientation: _____

____ Gender Identity: _____

____ Other: _____

4B.* Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

____ Race/Ethnicity: _____

____ National origin: _____

____ Sex: _____

____ Religion: _____

____ Age: _____

____ Disability: _____

____ Sexual Orientation: _____

____ Gender Identity: _____

____ Other: _____

5. What is the most convenient time and place for us to contact you about this complaint?

6. If we will not be able to reach you directly, please give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: _____

Telephone No: (____) _____

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following information about that attorney:

DISCRIMINATION COMPLAINT FORM - CONTINUED

Name: _____

Address: _____

_____ Zip _____

Telephone No: (____) _____

8.* To the best of your recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____

Most recent date of discrimination: _____

9.* Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

10. The anti-discrimination laws we monitor for prohibit recipients of Department of Justice funds from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #9), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

11. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name

Address

Area Code/Telephone

DISCRIMINATION COMPLAINT FORM - CONTINUED

12. Do you have any other information that you think is relevant to our investigation of your allegations?

13. What remedy are you seeking for the alleged discrimination?

14. Have you (or the person discriminated against) filed the same or any other complaints with other offices (including the Equal Employment Opportunity Commission or the Civil Rights Division of the North Carolina Office of Administrative Hearings)?

Yes ____ No ____

If so, do you remember the Complaint Number?

Against what agency and department or program was it filed?

Address: _____

_____ Zip _____

Telephone No: _____

Date of Filing: _____ Other Office: _____

Briefly, what was the complaint about?

What was the result?

15. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

_____ U.S. Equal Employment Opportunity Commission

_____ Federal or State Court

_____ Your State or local Human Relations/Rights Commission

_____ Grievance or complaint office

DISCRIMINATION COMPLAINT FORM - CONTINUED

16. If you have already filed a charge or complaint with an agency indicated in #15, above, please provide the following information (attach additional pages if necessary):

Agency: _____

Date filed: _____

Case or Docket Number: _____

Date of Trial/Hearing: _____

Location of Agency/Court: _____

Name of Investigator: _____

Status of Case: _____

Comments:

17. While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Department of Justice funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

18. How did you learn that you could file this complaint? Please advise so that the Governor's Crime Commission can better improve its strategy for responding to allegations of unlawful discrimination:

19.* We cannot proceed with a complaint if it has not been signed. Please sign and date below:

(Signature)

(Date)

Please feel free to add additional sheets to explain the present situation to us.

We would like your consent to disclose your name and personal information that you or others share with us in the event that such disclosure becomes necessary in the course of an investigation. Thus, we will need a signed *Consent Form* from you (if you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed *Consent Form* from that person as well). See the "Notice on Investigatory Use of Personal Information" portion of the *Consent Form* for more information on why your consent is needed.

Please mail the completed and signed *Discrimination Complaint Form* and the signed *Consent Form* (please make one copy of each for your records) to **both** the Governor's Crime Commission **and** the Office for Civil Rights (original to the Governor's Crime Commission):

**ATTN: Discrimination Complaint Coordinator
North Carolina Governor's Crime Commission
1201 Front Street, Suite 200
Raleigh, NC 27609**

**United States Department of Justice
Office of Justice Programs
Office for Civil Rights
810 Seventh Street, NW
Washington, D.C. 20531**