



NORTHERN REGION

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**VIRGINIA CAREER WORKS - NORTHERN
EQUAL OPPORTUNITY AND DISCRIMINATION COMPLAINT FORM**

Date _____

Name _____ Home Phone _____

Street Address _____ Cell Phone _____

City, State, Zip Code _____

E-mail Address _____

Alleged Discrimination was based on (check appropriate boxes):

- Race National Origin/Citizenship Age Other (Explain)
- Color Disability Religion _____
- Sex Retaliation Political Affiliation

Date(s) discriminatory act(s) took place _____

Explain why you believe you have been discriminated against. Be specific: include dates, names of individual(s) who committed discriminatory acts, names of any witnesses to the discriminatory action(s), places, etc. for all incidents. Also, include any other evidence that supports the alleged act(s) of discrimination. If more space is required, use an additional sheet of paper, and be sure to sign and date each additional sheet of paper used.

What remedy do you wish to obtain by filing this complaint?

I declare that the above statements are true and accurate to the best of my knowledge, information, and belief.

Signature: _____ Date: _____

For Virginia Career Works – Northern Staff Use Only	
Date Received by VCWN:	
Received By:	
Action Taken:	