



# DISCRIMINATION COMPLAINT FORM

IDAHO STATE POLICE, 700 S STRATFORD DR. MERIDIAN, ID 83642

(208)884-7018/E-MAIL: EEO@ISP.IDAHO.GOV

## YOUR INFORMATION

|  |  |
|--|--|
| <b>Name</b>  |  |
| <b>Phone</b>                                       |  |
| <b>E-mail</b>                                      |  |
| <b>Address</b><br>Street (PO Box), City, State ZIP |  |

## PERSON(S)/AGENCY INFORMATION

|   |  |   |  |
|---|--|---|--|
| <b>Name of Person(s) or Agency that discriminated against you</b> |  | <b>Position of Person(s) (if known)</b> |  |
|   |  |   |  |
|   |  |   |  |

## DISCRIMINATION BASED ON:

|                               |                                 |  |  |
|-------------------------------|---------------------------------|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color  | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex                         |
| <input type="checkbox"/> Age  | <input type="checkbox"/> Income | <input type="checkbox"/> Disability      | <input type="checkbox"/> Limited English Proficiency |

## DESCRIPTION

|  |  |
|--|--|
| <b>Date of Alleged Incident</b>  |  |
| <p>Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Describe the corrective action you are seeking. Also attach any written material pertaining to your case.</p> |  |
|  |  |

## SIGNATURES

*I CERTIFY TO THE BEST OF MY KNOWLEDGE, THE STATEMENTS AND INFORMATION CONTAINED IN THESE DOCUMENTS ARE TRUE, ACCURATE AND COMPLETE. (UPON COMPLETION PLEASE SEND THIS FORM TO THE ADDRESS LISTED ABOVE)*

|                  |  |             |  |
|------------------|--|-------------|--|
| <b>Signature</b> |  | <b>Date</b> |  |
|------------------|--|-------------|--|