IDAHO STATE POLICE

DISCRIMINATION COMPLAINT FORM

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

(208)884-7317/E-MAIL: EEO@ISP.IDAHO.GOV

YOUR INFORMATION	
Name	
Phone	
E-mail	
Address **Street (PO Box), City, State ZIP**	

PERSON(S)/AGENCY INFORMATION			
Name of Person(s) or Agency that discriminated against you		**Position of Person(s) (if known)**	

DISCRIMINATION BASED ON:			
☐ Race	☐ Color	☐ National Origin	☐ Sex
☐ Age	☐ Income	☐ Disability	☐ Limited English Proficiency

DESCRIPTION	
Date of Alleged Incident	

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.

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)

Signature		**Date**	