



BLACKS IN GOVERNMENT, INC
3005 GEORGIA AVENUE NW
WASHINGTON, DC 20001

Complaint of Discrimination

Type: Individual Group Request for R&DTF

Completing this form does not constitute an official complaint with legal authority.

BIG is seeking information to assist you concerning this complaint.

Name: _____

Address: _____

Phone: _____

Email Address: _____

What was the discrimination based on? (Please check all that apply)

Race/Color National Origin Religion

Sex Age Disability

Reprisal/Retaliation Other

Who discriminated against you? (Employer, organization, agency, etc.)

Name: _____

Address: _____

Additional Parties (if any):

Date(s) of Occurrence: _____

Time of Occurrence: _____



Explain Incident: (Attach additional pages if needed)

Have you filed a grievance with any government agency

Yes (If yes, which agency?) _____

No

Have you filed a grievance with your union? Yes No

Union Representative: _____

Have you filed with Equal Employment Opportunity Commission? Yes No

EEOC Name: _____

Local Representative: _____



Blacks In Government, Inc. AE/EEO Program

Have you retained an attorney regarding this case? [] Yes [] No

Attorney's Name: _____

Phone: _____

Address: _____

Are you a member of Blacks In Government, Inc.? [] Yes [] No

If yes, what is your chapter's name? _____

I affirm that I have read the above charges and that it is true to the best of my knowledge, information, and belief.

Signature: _____

Date: _____

Mail completed form to

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CONSENT FORM FOR BLACKS IN GOVERNMENT'S ASSISTANCE

*Please complete this form and return it electronically to _____ or
mail to the above address with the subject "Complaint Form."*

I, _____, hereby authorize Blacks
In Government to investigate my complaint and render me whatever assistance it deems
necessary and appropriate to resolve my problem.

I understand that Blacks In Government, by its willingness to review my complaint is not serving
as legal counsel or a personal representation in the matters I have brought to their attention.

Date _____ Signature _____

PRINT OR TYPE:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____



INCIDENT DESCRIPTION

Please include any supporting documents

Type of Incident: _____

Date of Incident: _____

Any Witnesses: _____

Witness Statement(s) Available? _____

Who caused the incident: _____

Location of Incident

Street Address: _____

City, State, Zip: _____

Witnesses to the Incident

Name: _____

Address: _____

Contact Information: _____

Occupation: _____

Name: _____

Address: _____

Contact Information: _____

Occupation: _____

Name: _____

Address: _____

Contact Information: _____

Occupation: _____

Name: _____

Address: _____

Contact Information: _____



Blacks In Government, Inc. AE/EEO Program