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: ____________________________________________________________
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

BLACKS IN GOVERNMENT, INC
3005 GEORGIA AVENUE NW
WASHINGTON, DC 20001
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: __________________________________________________________________
Occupation: __________________________________________________________

Describe the Incident: ________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________