Town of Cromwell Complaint Information

COMPLAINANT INFORMATION

Name (first, middle, and last)

Address (number and street, city, state and ZIP code)

Home telephone number	Work telephone number	Cellular telephone number
( ) -	( ) -	( ) -

Name of complainant	Date (month, day, year)

PERSON / AGENCY YOU BELIEVE DISCRIMINATED AGAINST YOU

Name (first, middle, and last)	Title

Name of company

Address (number and street, city, state and ZIP code)

Home telephone number	Work telephone number	Cellular telephone number
( ) -	( ) -	( ) -

When was the last alleged discriminatory act? (month, day, year) _____

Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.

The alleged discrimination was based on:
☐ Race   ☐ Color   ☐ Gender   ☐ National Origin   ☐ Disability   ☐ Age   ☐ Retaliation

Describe the alleged act(s) of discrimination. (Use additional pages, if necessary.)

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Name of complainant	Date (month, day, year)

Provide the names of any individuals with additional information regarding your complaint:

Name of witness 1 (first, middle, and last)	Title

Name of company

Address (number and street, city, state and ZIP code)

Home telephone number	Work telephone number	Cellular telephone number
( ) -	( ) -	( ) -

Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.

Name of witness 2 (first, middle, and last)	Title

Name of company

Address (number and street, city, state and ZIP code)

Home telephone number	Work telephone number	Cellular telephone number
( ) -	( ) -	( ) -

Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.

Name of witness 3 (first, middle, and last)	Title

Name of company

Address (number and street, city, state and ZIP code)

Home telephone number	Work telephone number	Cellular telephone number
( ) -	( ) -	( ) -

Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.

How would you like your complaint to be resolved?

Signature _____   Date _____