Community Planning Association of Southwest Idaho

Discrimination Complaint Form

Name
Phone Number

Name of Discriminating Person(s) or Agency
Address of Person(s) or Agency (if known)

Date of Discrimination

Discrimination Due To
☐ Age ☐ Limited English Proficiency ☐ Race ☐ Sex
☐ Color ☐ Income Status ☐ Religion
☐ Disability ☐ National Origin ☐ Retaliation

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved and the names of any witnesses. Describe the corrective action you are seeking. Also attach any written material pertaining to your case.

I certify to the best of my knowledge that the statements and information contained herein are true, accurate, and complete.

Signature
Date

Upon completion, mail or drop off your Discrimination Complaint Form to:
COMPASS, Director of Operations
700 NE 2nd Street, Suite 200
Meridian, ID 83642