

Community Planning Association of Southwest Idaho

**Discrimination Complaint Form**

Director of Operations, 700 NE 2<sup>nd</sup> Street, Suite 200, Meridian, ID 83642

Name		Address—Street (P.O. Box), City, State, Zip	
Phone Number			
Name of Discriminating Person(s) or Agency		Address of Person(s) or Agency (if known)	
Position of Person(s) (if known)			
Date of Discrimination	Discrimination Due To		
	<input type="checkbox"/> Age	<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/> Race
	<input type="checkbox"/> Color	<input type="checkbox"/> Income Status	<input type="checkbox"/> Religion
	<input type="checkbox"/> Disability	<input type="checkbox"/> National Origin	<input type="checkbox"/> 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
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<p><b>Upon completion, mail or drop off your Discrimination Complaint Form to:</b>                  COMPASS, Director of Operations                  700 NE 2<sup>nd</sup> Street, Suite 200                  Meridian, ID 83642</p>	
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