



HR USE ONLY
Complaint # _____

CITY OF LYNWOOD
DISCRIMINATION COMPLAINT FORM

Before completing the form, please read the Anti-Harassment and Complaint Investigation Policy.

COMPLAINANT

Name _____ Telephone # _____

Address _____ City, Zip _____

City Department _____ Job Title _____

COMPLAINANT REPRESENTATIVE

Are you filling this complaint on your own behalf? Yes No

If no, please provide the information of your representative below.

Name _____ Telephone # _____

Address _____ City, Zip _____

Firm/Business _____ Email _____

BASIS OF COMPLAINT

Please select (check all that apply):

- | | | |
|--|-----------------|-------------------------|
| Race | Color | Age |
| Citizenship Status | Disability | Medical Condition |
| Marital Status | National Origin | Sexual Orientation |
| Religion | Ancestry | Military/Veteran Status |
| Genetic Characteristics or Information | | FMLA/CRFA Leave |
| Sex/Gender | Other | |

PERSON(S) RESPONSIBLE FOR COMPLAINT

Name(s) & Title(s) _____

NATURE OF COMPLAINT

Please state the nature of the discrimination complaint, indicating the practice(s), procedure(s), or incident(s) that occurred. Include date, time, place, witnesses, circumstances and other information that can help with the investigation of your complaint.

REMEDY REQUESTED

Please indicate the remedy you are seeking as a result of the complaint.

I hereby certify that all information provided above is true and correct to the best of my knowledge.

Complainant Signature

Date

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RECEIVED BY:

Name _____ Title _____ Department _____

Date _____ Time _____