

# Town of Kernersville

## Discrimination Complaint Form

Any person who believes that he/she has been subjected to discrimination through a Town of Kernersville program, activity, or entity receiving federal funds through US EPA in violation of Title VI of the Civil Rights Act of 1964 based upon race, color, sex, age, national origin or disability may file a written complaint with Town of Kernersville, within 180 days after the discrimination occurred.

Last Name:		First Name:		<input type="checkbox"/> Male	
				<input type="checkbox"/> Female	
Mailing Address:			City	State	Zip
Home Telephone:	Work Telephone:	E-mail Address			

Identify the Category of Discrimination:

<input type="checkbox"/> RACE	<input type="checkbox"/> COLOR	<input type="checkbox"/> NATIONAL ORIGIN	<input type="checkbox"/> AGE
<input type="checkbox"/> DISABILITY	<input type="checkbox"/> SEX		

Identify the Race of the Complainant

<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian American
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other _____

Date and place of alleged discriminatory action(s). Please include earliest date of discrimination and most recent date of discrimination.

Names of individuals and/or name of organization or Town of Kernersville division responsible for the discriminatory action(s):

How were you discriminated against? Describe the nature of the action, decision or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. **(Attach additional page(s), if necessary).**

The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attached additional page(s), if necessary).

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Have you filed, or intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply. **\*Please note, DEQ only has jurisdiction to investigate a claim where federal funding has passed through DEQ to the entity** (external organization or internal Division)

- U.S. Equal Employment Opportunity Commission \_\_\_\_\_
- Environmental Protection Agency \_\_\_\_\_
- Federal or State Court \_\_\_\_\_
- Other \_\_\_\_\_

Have you discussed the complaint with any Town of Kernersville representative? If yes, provide the Town of Kernersville representative's name, position and the date of discussion.

Please provide any additional information you believe would assist with an investigation.

Briefly explain what remedy or action you are seeking for the alleged discrimination.

**\*\*WE CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.**

_____ <b>COMPLAINANT'S SIGNATURE</b>	_____ <b>DATE</b>
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**MAIL COMPLAINT FORM TO:**  
 Crystal Friia, TOK Human Resources Manager  
 Town of Kernersville  
 134 East Mountain St, Kernersville, NC 27284  
 CFriia@toknc.com  
 336-992-5445

**FOR OFFICE USE ONLY**

Date Complaint Received: \_\_\_\_\_

Processed by: \_\_\_\_\_

Case #: \_\_\_\_\_

Referred to:  Division \_\_\_\_\_  EPA  Other \_\_\_\_\_ Date Referred: \_\_\_\_\_