Non-Employee Discrimination Complaint Form

Complainant's Name				
Address	City	Zip		
Telephone Number(s)	E-Mail Address			
Person who was allegedly discriminated against (If other than Complainant):				
Name				
Address	City	Zip		
Telephone Number(s)	E-Mail Address			
Identify the protected classification(s) upon which the alleged discrimination is based:				
Race	Color			
Creed	National Origin			
Sex	Limited English Proficiency (LEP)			
Disability	Source of Income			
Age	Gender, Gender Identity/Expression _			
Marital Status	Sexual Orientation			
Retaliation				
On what date(s) did the alleged discrimination take place?				
Where did the alleged discrimination take place?				

Describe the alleged discrimination. What happened and who (name and title if known) you believe was responsible? (If more space is needed, attach additional documents.)

List names and contact information of other persons who may have knowledge of the event? What can NNPS do to resolve the complaint?	Describe the alleged discrimination. (Continued)			
What can NNPS do to resolve the complaint?	List names and contact information of other persons who may have knowledge of the event?			
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what can lives do to resolve the complaint?	What can NINDS do to receive the complaint?			
	what can MNP3 do to resolve the complaint?			
	What can NNPS do to resolve the complaint?			

Have you filed your complaint with another federal, state, or local agency, or with a federal or state court?				
Yes No				
If the answer is yes, check all that apply and include	le the filed complaint information	n:		
Federal Agency	Federal Court			
State Agency	State Court			
Other				
Complaint information:				
If you have an Attorney in this matter, please provi	ide the following contact informa	ation.		
Attorney Name				
Address	City	Zip		
Telephone Number(s)	E-Mail Address			
Sign this complaint in the space below. You may attach additional documents or material you believe support your complaint.				
Signed	Dat	:e:		
Complainant signature				
Mail to: Newport News Public Schools, 12507 War				
NOTE: If assistance completing this form is needed a.m. until 5:00 p.m.	, contact during normal business i	nours, Monday through Friday, 9:00		

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