



North Carolina Department of Environmental Quality Discrimination Complaint Form

Any person who believes that he/she has been subjected to discrimination based upon race, color, sex, age, national origin or disability may file a written complaint with NCDEQ, 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"/> DISABILITY		<input type="checkbox"/> SEX		<input type="checkbox"/> AGE	
Identify the Race of the Complainant					
<input type="checkbox"/> Black		<input type="checkbox"/> White		<input type="checkbox"/> Hispanic	
<input type="checkbox"/> American Indian		<input type="checkbox"/> Alaskan Native		<input type="checkbox"/> Pacific Islander	
				<input type="checkbox"/> Asian American	
				<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 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.

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

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

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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.**

COMPLAINANT'S SIGNATURE

DATE

MAIL COMPLAINT FORM TO:
Sarah Rice
North Carolina Department of Environmental Quality
1646 Mail Service Center
RALEIGH, N.C. 27699-1511
919-707-8287

FOR OFFICE USE ONLY

Date Complaint Received: _____
Processed by: _____
Case #: _____
Referred to: Division _____ EPA _____ Date Referred: _____