

Civil Rights Complaint Form

1. Today's Date: _____

2. Complainant's Name: _____

Address: _____

City, State, Zip Code: _____

Telephone No(s): (_____) / (_____) _____

E-Mail Address: _____

3. _____

Person discriminated against (if someone other than Complainant):

Name: _____

Address: _____

City, State, Zip Code: _____

4. Telephone No(s): (_____) / (_____) _____

What was the discrimination complaint based on? (check all that apply):

5. Race Color National Origin Sex Age Disability

6. Date of alleged incident resulting in discrimination: _____

Describe the alleged discrimination. Explain what happened and who was responsible? If more space is needed, attach any written materials or other information that you believe supports your complaint on an additional sheet of paper.

7. _____

Where did the incident take place? Provide location, HRSD employee name and any other relevant identifying information.

8. Witness(es) (if applicable). Please provide their contact information.

Witness Name: _____

Address: _____

City, State, Zip Code: _____

Telephone No.(s): _____

Witness Name: _____

Address: _____

City, State, Zip Code: _____

Telephone No.(s): () _____ / () _____

9. Did you file this complaint with any other federal, state, or local agency or with a Federal or State court (check the appropriate space)?

Yes No

If yes, check all that apply:

Federal agency Federal court State agency State court Local agency

10. Please provide contact information the agency/court where the complaint was filed.

Agency: _____

Name/Title: _____

Address: _____

City, State, Zip Code: _____

E-Mail Address: _____

Telephone No: _____

11. If you need any special accommodations for communication regarding this complaint, please specify which alternative format you require. Audio Other: _____

Large Print (specify size): _____ TDD Translator: _____ (specify language)

Signature and date required below.

Signature _____ Date _____

Print or Type Name _____

If you feel that you have been discriminated against, a formal complaint may be filed with HRSD'S Civil Rights Coordinator within 180 calendar days after the date of the alleged discrimination. These procedures do not deny you the right to file formal complaints with other state or federal agencies. Once completed, please email to BMatesig@hrsd.com, or mail or deliver the completed and signed form to:

Hampton Roads Sanitation District
Attention: Brenda Matesig
Civil Rights Coordinator
1434 Air Rail Avenue
Virginia Beach, VA 23455
757-460-2261
BMatesig@hrsd.com