



Your Name			Phone					
			Alternate Phone					
Street Address								
City		State & Zip						
Persons(s) Discriminated Against (if someone other than the preparer of this form)								
Street Address								
City		State & Zip						
Date of Incident	What best describes the reason the alleged discrimination took place?							
	<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin (Limited English Proficiency) <input type="checkbox"/> Sex <input type="checkbox"/> Economic Status <input type="checkbox"/> Disability							
<i>Please describe the alleged discrimination incident. Provide the names and title of all LANTA employees involved, if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.</i>								
Have you filed a complaint with any other federal, state, or local agencies? <i>If Yes, please list the Agency</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"> <tr> <th>Agency Name</th> <th>Contact name</th> </tr> <tr> <td></td> <td></td> </tr> </table>	Agency Name	Contact name		
Agency Name	Contact name							
Street Address								
City		State & Zip						
<i>I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.</i>								
Signature: _____			Date: _____					
Print Name: _____								

Date Received by LANta: _____

Received By: _____