

CIVIL RIGHTS & DIVERSITY COMPLAINT FORM

For use by the general public and TPCG employees



Section 1. COMPLAINANT CONTACT INFORMATION

Name Last, First, Mi		Phone Number	
Address Street	City	State	Zip
Email Address		Primary Language	

Section 1.2. COMPLAINANT DEMOGRAPHIC INFORMATION (OPTIONAL)

Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: _____
Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino
National Origin (Please specify)

Section 2. COMPLAINT

Date	Location
Person(s) Involved	
Nature of the Complaint (What happened?)	

Section 3. WITNESSES & DOCUMENTATION

List the names and phone numbers of all persons who observed the incident.

Please indicate which documentation will be submitted with your complaint.

Pictures Reports Legal Documents Other:

Section 4. SIGNATURE

Complainant Signature	Date
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Section 5. ACTION TAKEN

Provide a statement summarizing how this incident was resolved.

Investigation Committee Signature	Date
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