

## Oklahoma District Attorneys Council Discrimination Complaint Form

**1. Contact Information of Person Filing the Complaint:**

Name	
Address	
City, State, Zip	
Home/Work Phone #	
Email	

**2. Contact Information of Person(s) Discriminated Against (if different than above):**

Name	
Address	
City, State, Zip	
Home/Work Phone #	
Email	
Name	
Address	
City, State, Zip	
Home/Work Phone #	
Email	

**3. Name of person complaint is based on:**

\_\_\_\_\_

**4. What will be the most convenient time and place to contact you about this complaint?**

\_\_\_\_\_

**5. To your best recollection on what date(s) did the discrimination take place?**

Date of first occurrence: \_\_\_\_\_

Date of most recent occurrence: \_\_\_\_\_

**6. Have you ever attempted to resolve this complaint?**

- Yes  
 No

7. Explain as briefly and clearly as possible what happened and how you were discriminated against. Provide as many specific details as you can recall and attach additional sheets if needed. Also, attach any written material pertaining to your case (attach additional sheets if needed).

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8. Basis of Complaint: Which of the following best describes why you believe you were discriminated against: (Check)

- Race: Specify \_\_\_\_\_
- Color: Specify \_\_\_\_\_
- Religion: Specify \_\_\_\_\_
- National Origin: Specify \_\_\_\_\_
- Sex: Specify  Male  Female
- Sexual Orientation
- Gender Identity
- Age: Specify Date of Birth: \_\_\_\_\_
- Disability: Specify \_\_\_\_\_
- Political Affiliation: Specify \_\_\_\_\_
- Citizenship: Specify \_\_\_\_\_
- Reprisal/Retaliation: Specify \_\_\_\_\_
- Other: Specify \_\_\_\_\_

9. What other information do you think is relevant to this situation?

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10. If this complaint is resolved to your satisfaction, what remedies do you seek?

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11. Please list below any persons (witnesses, fellow employees, supervisors, or others) that might be contacted for additional information to support or clarify your complaint:

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Name	Address (if known)	Email/Telephone #
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Name	Address (if known)	Email/Telephone #
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Name	Address (if known)	Email/Telephone #
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12. Do you have an attorney?  Yes  No

If yes, please provide the following contact information:

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Attorney Name	Address	Email/Telephone #
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13. Have you filed a case or complaint with any of the following?

- Civil Rights Division, U.S. Dept. of Justice
- U.S. Equal Employment Opportunity Commission
- Federal or State Court
- Oklahoma Human / Rights Commission

14. If you selected an agency in question number 13, please provide the following information (if known):

Agency: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Case or Docket Number: \_\_\_\_\_

Date of Trial or Hearing: \_\_\_\_\_

Location of agency or court: \_\_\_\_\_

Name of Investigator: \_\_\_\_\_

Status of Case: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Sign (Complaint NOT VALID unless Signed)**

\_\_\_\_\_

Name

\_\_\_\_\_

Date

Please submit the form by fax, mail, or email to:

Trent H. Baggett

Executive Coordinator

Oklahoma District Attorneys Council

421 N.W. 13<sup>th</sup> Street, Suite 290

Oklahoma City, OK 73103

Phone: 405-264-5000

Fax: 405-264-5099

Email: [Trent.Baggett@dac.state.ok.us](mailto:Trent.Baggett@dac.state.ok.us)