

## Oklahoma District Attorneys Council Discrimination Complaint Information 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. Information for the person the complaint is being made against:**

Name	
Agency/Organization	
Home/Work Phone # (if known)	
Email (if known)	

**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. Were you discriminated against in an employment matter (e.g., hiring, firing, promotion, etc.), or in the course of receiving public services from an agency or organization?

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7. Have you ever attempted to resolve this complaint?

Yes

No

8. 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.

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9. 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 \_\_\_\_\_

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

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

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12. 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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13. 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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14. 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
- Civil Rights Enforcement Unit, Office of the Oklahoma Attorney General

If yes, please provide the following information (if known):

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

Agency and Case Number: \_\_\_\_\_

Date of Trial or Hearing (if applicable): \_\_\_\_\_

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:

Kathryn Brewer  
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: [Kathryn.Brewer@dac.state.ok.us](mailto:Kathryn.Brewer@dac.state.ok.us)