

County of Merrimack Discrimination Complaint Form

1. Complainant name and address.

Name: _____

Address: _____

_____ Zip: _____

Telephone: Home: (____) _____ Work or Cell: (____) _____

2. Person(s) discriminated against, if different from above:

Name: _____

Address: _____

_____ Zip _____

Telephone: Home: (____) _____ Work or Cell: (____) _____

Please explain your relationship to this person(s).

3. Agency and department or program that discriminated:

Name: _____

Address: _____

_____ Zip _____

Telephone: Home: (____) _____ Work or Cell: (____) _____

4A. Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others?

If so, please indicate below the base(s), actual or perceived, on which you believe these discriminatory actions were taken.

_____ Race/Color: _____

_____ National origin: _____

_____ Sex: _____

_____ Religion: _____

_____ Age: _____

_____ Disability: _____

_____ Sexual Orientation _____

_____ Gender Identity _____

4B. Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s), actual or perceived, on which you believe these discriminatory actions were taken.

_____ Race/Color: _____

_____ National origin: _____

_____ Sex: _____

____ Religion: _____
____ Age: _____
____ Disability: _____
____ Sexual Orientation _____
____ Gender Identity _____

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

Earliest date of discrimination: _____

Most recent date of discrimination: _____

Complaints of discrimination must be filed within 180 days of the alleged discrimination.

6. Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

7. Please sign and date this Complaint Form below. Please note that if you are submitting this form by email a signature is not required because submission by email represents a signature.

(Signature) _____ (Date) _____

Please feel free to add additional sheets to explain your complaint.

Please mail the Complaint Form to:

County of Merrimack
Sara Lewko
Human Resources Director
333 Daniel Webster Highway, Suite 2
Boscawen, NH 03303-2415

Or Fax: (603) 796-6841

Or Email this completed form to:

Sara@merrimackcounty.net