

**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](mailto:Sara@merrimackcounty.net)