

DISCRIMINATION COMPLAINT FORM

		Phone	Name	of Person(s) That Di	scriminated Against You	
Address (Street No., P.O. Box, Etc.)				Location and Position of Person (If Known)		
City, State, Zip			City, S	City, State, Zip		
	Sex National O	rigin* Reta	bility** liation ow you were discrimi		te who was involved. Be	sure to include how
Signature			Deto			
Signature			Date			
	this form to one	of the followin		isit the WATS M	PO website for add	ditional options: