

# Non-Employee Discrimination Complaint Form

Complainant's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Person who was allegedly discriminated against *(If other than Complainant)*:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Identify the protected classification(s) upon which the alleged discrimination is based:

Race \_\_\_\_\_  Color \_\_\_\_\_

Creed \_\_\_\_\_  National Origin \_\_\_\_\_

Sex \_\_\_\_\_  Limited English Proficiency (LEP) \_\_\_\_\_

Disability \_\_\_\_\_  Source of Income \_\_\_\_\_

Age \_\_\_\_\_  Gender, Gender Identity/Expression \_\_\_\_\_

Marital Status \_\_\_\_\_  Sexual Orientation \_\_\_\_\_

Retaliation \_\_\_\_\_

On what date(s) did the alleged discrimination take place? \_\_\_\_\_

Where did the alleged discrimination take place? \_\_\_\_\_

Describe the alleged discrimination. What happened and who (name and title if known) you believe was responsible?  
*(If more space is needed, attach additional documents.)*

**Describe the alleged discrimination. *(Continued)***

**List names and contact information of other persons who may have knowledge of the event?**

**What can NNPS do to resolve the complaint?**

Have you filed your complaint with another federal, state, or local agency, or with a federal or state court?

Yes       No

If the answer is yes, check all that apply and include the filed complaint information:

Federal Agency \_\_\_\_\_       Federal Court \_\_\_\_\_  
 State Agency \_\_\_\_\_       State Court \_\_\_\_\_  
 Other \_\_\_\_\_

Complaint information:

If you have an Attorney in this matter, please provide the following contact information.

Attorney Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Sign this complaint in the space below. You may attach additional documents or material you believe support your complaint.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
Complainant signature

Mail to: Newport News Public Schools, 12507 Warwick Boulevard, Newport News, Virginia 23606-2673

**NOTE:** If assistance completing this form is needed, contact during normal business hours, Monday through Friday, 9:00 a.m. until 5:00 p.m.

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