



City of Goldsboro
Discrimination Complaint Form

Last Name:		First Name:		
Mailing Address:		City:	State:	Zip Code:
Home Telephone:	Work Telephone:	Email Address:		

Identify the Category of Discrimination:

- RACE COLOR NATIONAL ORIGIN AGE
 RELIGION DISABILITY SEX/GENDER

Date of Alleged Discrimination (Month, Day, Year): _____

Names of individuals responsible for the discriminatory action(s), if known:

How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional page(s), if necessary).

Names of persons (witnesses, employees, or others) whom we may contact for additional information to support or clarify your complaint: (Please provide name, address, and telephone for each witness and attached additional page(s), if necessary).



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Have you previously filed a Title VI complaint with the City of Goldsboro? No Yes

Have you previously filed this complaint with any other Federal, State, or Local agency, or with Federal or State court? No Yes

- Federal Highway Administration
- North Carolina DOT
- US Equal Employment Opportunity Commission
- US Department of Transportation
- Federal or State Court

Please provide information about the contact person at the agency/court where the complaint was filed and included the filing date. (Attached additional page(s), if necessary).

Briefly explain what remedy, or action, are you seeking for the alleged discrimination.

The City of Goldsboro cannot accept an unsigned complaint. Please sign and date the complaint form below.

Complainant's Signature

Date

Mail Complaint Form To:
Title VI Coordinator City of Goldsboro
Community Relations Office Historic City Hall
214 North Center Street
Goldsboro, NC 27530

For Office Use Only

Date Complaint Received: _____

Processed by: _____

Case #: _____

Referred to: _____ Date: _____

Referred: _____