City of Goldsboro
Discrimination Complaint Form

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<th>Last Name:</th>
<th>First Name:</th>
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<th>Mailing Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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<th>Home Telephone:</th>
<th>Work Telephone:</th>
<th>Email Address:</th>
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**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).

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

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: _______________________________