|  |  |  |
| --- | --- | --- |
| Your Name: | | |
| Street: | | City: |
| State: | Zip: | County: |
| Home Phone: | | Work Phone: |
| Email Address: | | Cell Phone: |
| Gender: Male Female | | Age:       Date of Birth: |
| Race:  Black White  Asian/Pacific Islander Alaskan Native  American Indian Other | | National Origin:  American Native American  Hispanic Middle Eastern  Other |

Provide the name of the State or County Government Agency you believe discriminated against you:

|  |  |  |
| --- | --- | --- |
| Name of the Agency: | | |
| Street: | | City: |
| State: | Zip: | County: |
| Agency’s telephone no. (with area code): | | |
| Most recent date of alleged harm (that you believe was discrimination) to you: | | |
| Do you think this happened to you because of your (check as appropriate):  Race Sex National Origin Disability Age (40 & over)  Color Religion Pregnancy Retaliation Sexual Harassment  Other | | |
| **In your own words, briefly describe what happened to you that you believe to be discriminatory. A short description of what happened will be enough at this time.** | | |

Signature: Date:

**\*\***You may submit this form via email to civilrightsdiv@oah.nc.gov\*\*

**\*\*By completing this form you have not filed a charge of employment discrimination.\*\***