|  |
| --- |
| 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.\*\***