

Discrimination Complaint Form

East Side Highway District
6095 E Mullan Trail Rd. Coeur d Alene ID 83814
208-765-4714 Office / 208-667-6752 Fax

Name	Phone	Name of Person (s) or Agency that discriminated against you
Your Address—Street (PO Box), City, State, Zip		Name, Address and Position of Person (if known)
Discrimination Because of: <input type="checkbox"/> Race/Color <input type="checkbox"/> LEP / EJ <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> National Origin		Date of Alleged Incident
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Describe the corrective action you are seeking. Also attach any written material pertaining to your case.		
<i>I certify to the best of my knowledge, the statements and information contained in these documents are true, accurate and complete. (Upon completion please send this form to the address listed above)</i>		
Signature		Date