**Discrimination Complaint Form**

This form is provided by the Division of Public Safety Planning (DPSP) - Office of Justice Programs, for information regarding alleged discrimination by the DPSP, funding subrecipients, private entities, and members of the public. Once the completed questionnaire has been reviewed, contact will be made for more information.

To avoid delays in processing, please submit only one complaint form to the DPSP regarding this matter either by mail or in person to:

DPSP - Office of Justice Programs

1025 Northpark Drive

Ridgeland, MS 39157

First Name: Last Name:

Middle Initial:

Street Address:

City: State:

Zip Code:

County:

Home Phone: ( )

Work Phone: ( )

Cell Phone: ( )

Which telephone number is preferred to contact you? Home Work Cell

Email Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you require language interpretation? No Yes

If yes, what kind:

Do you require sign language interpretation? No Yes

If yes, what kind:

Who can we contact if we are unable to reach you?

Name:

Daytime Phone: ( )

Relationship:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person/s and agency whom you believe discriminated against you:

Upon which basis do you believe you were discriminated against:

 \_\_\_\_ Race

 \_\_\_\_ Gender

 \_\_\_\_ Disability

 \_\_\_\_ Age

 \_\_\_\_ Religion

 \_\_\_\_ National Origin

 \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What date did the discrimination occur:

Where did the discrimination occur:

Please provide detailed account of alleged discrimination?

Have you tried to resolve the issue through a grievance process, due process hearing, or some other method? No Yes

If yes, what method:

What is the status of that process:

Have you filed the same complaint with anyone else? No Yes

If yes, please provide date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Complainant Date