



**RDPC**  
Rural Domestic Preparedness Consortium

## Civil Rights Complaint Form

The purpose of this form is to assist you in filing a complaint with The Rural Domestic Preparedness Consortium. You are not required to use this form; a letter with the same information is sufficient. The information marked with an asterisk is **required**, regardless of whether the form is utilized.

### 1. \*State your name, address, and telephone number:

Name:

Address:

Telephone Number:

Work:

### 2. Person(s) discriminated against, if different from above.

Name:

Address:

Telephone Number:

Work:

### 3. \*Agency and department of program that discriminated:

Name of Agency or Department:

Name of Individual (if known):

Address:

Telephone Number:

### 4. \*Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions in the department of agency in its treatment of you or others? If so, please indicate below the basis on which you believe these discriminatory actions were taken (e.g., Race: African American or Sex: Female).

Race/Color:

National Origin:

Sex:

Religion: