

# Mapleton Water District Discrimination Complaint Form

<b>Complainant Information</b>		
First Name	Middle Initial	Last Name
Mailing Address		
Primary Phone Number	Alternate Phone Number	Email
Best way to reach you: Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other <input type="checkbox"/>		
<b>Representative Information</b> <i>(if applicable)</i>		
Do you have a representative? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have written authorization from representative? Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name	Last Name	
Mailing Address		
Phone	Email	
<b>Complaint Information</b>		
<i>(attach additional pages and supporting documentation as needed)</i>		
Date of alleged discrimination (mm/dd/yyyy)	Location/address where discrimination occurred	
Name of the person you believe discriminated against you.		
Describe what happened to you. (include name(s) of person(s) involved in the alleged discrimination (if known)).		
<p>It is a violation of the law and Mapleton policy to discriminate against you based on the following: race, color, national origin, religion, sex (including gender identity and expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a federal assistance program, and political beliefs. Reprisal based on prior civil rights activity is prohibited.</p> <p>I believe I was discriminated against based on:</p>		
<b>Remedies</b>		
How would you like to see this complaint resolved?		
Have you filed a complaint about the incident(s) with another federal, state, or local agency or with any court? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, with what agency or court did you file?	If yes, when did you file? (mm/dd/yyyy)	

\_\_\_\_\_  
 Complainant Signature                      Date                      Representative Signature                      Date