City of Caldwell

DISCRIMINATION COMPLAINT FORM

<table>
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<th>Name</th>
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Name of person or agency that discriminated against you

Name, address, and position of person (if known)

Your address: (Street/P.O. Box/Sity/State/Zip)

Discrimination because of:

- [ ] Race/Color
- [ ] Retaliation
- [ ] Sex
- [ ] Age
- [ ] Disability
- [ ] 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:

Printed Name

Signature

Date

Submit this form to the Caldwell City Clerk at 411 Blaine Street – PO Box 1179 – Caldwell, ID 83606

Call (208) 455-4656 for more information