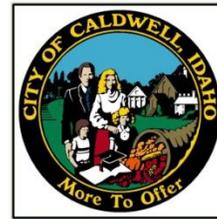


**City of Caldwell**

**DISCRIMINATION COMPLAINT FORM**



Name	Phone
Name of person or agency that discriminated against you	
Name, address, and position of person (if known)	
Your address: (Street/P.O. Box/City/State/Zip)	
Discrimination because of:	
<input type="checkbox"/> Race/Color	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Sex	<input type="checkbox"/> Age
<input type="checkbox"/> Disability	<input type="checkbox"/> National Origin
Date of Alleged Incident:	
<b>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:</b>	
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**