

FOR OFFICE USE

Date Rec'd: _____

Case No. _____

**GEARY COUNTY
COMPLAINT FORM**

Name: _____

Address: _____

City & Zip: _____

Cause of Discrimination (check one):

- | | |
|---------------------------------------|--------------------------------|
| <input type="radio"/> Race | <input type="radio"/> Religion |
| <input type="radio"/> Color | <input type="radio"/> Age |
| <input type="radio"/> National Origin | <input type="radio"/> Sex |
| <input type="radio"/> Disability | <input type="radio"/> Income |

Who discriminated against you?

Name: _____

Explain the problem:

What would be a reasonable settlement of your charge?

I swear that the charge(s) as listed is true to the best of my knowledge, information, and belief.

(Signature)

(Date)