



Non-Discrimination Complaint Form

COMPLAINT INFORMATION

Complainant Name: _____

Program Information: _____

Complainant Address: _____

Complainant Telephone Number: _____

If not prepared by the Complainant, are you an authorized representative of the Complainant?

Yes ☐

No ☐

Contact WE ACT for Environmental Justice's (WE ACT) Non-Discrimination Coordinator at shanell.reyes@weact.org.

BASIS OF COMPLAINT

Provide a detailed description of the alleged act(s) you believe are discriminatory. WE ACT's Non-discrimination Coordinator, or a designee, may contact you with follow-up questions to collect all facts necessary to resolve this complaint, including:

- a) What act(s) occurred that you believe resulted in you or another person or people being discriminated against?
- b) Why do you believe the act(s) are discriminatory?
- c) Where did the alleged act(s) of discrimination occur (e.g., at WE ACT's offices, over the phone)?
- d) When did the alleged act(s) of discrimination occur? Please be as specific as possible, providing date(s), and indicate whether the discrimination was one time, over a period of time, or ongoing.
- e) Is there anyone who witnessed or has personal knowledge of the alleged act(s) of discrimination? Please list the name(s) of any and all person(s) who have knowledge of the alleged act(s) of discrimination.

PROTECTED CLASS INVOLVED

Please identify, by checking the boxes below, the protected class of the person or group of people subject to the alleged discrimination. Refer to the definitions in the WE ACT Non-Discrimination Complaint Policy. (Checking boxes that do not apply may delay resolution of your complaint)

- | | |
|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Race |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sex |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Mental or Physical Disability |

PROGRAM OR ACTIVITY ADMINISTERED BY WE ACT INVOLVED IN THE ALLEGED DISCRIMINATORY ACT

WE ACT Program: _____

WE ACT Contact Person(s) for the Program (if known): _____

WE ACT Contractor or subcontractor (if applicable): _____

Have you filed the same complaint with any City, State or Federal Agency?

Yes ☐ No ☐ If so, which agency: _____

CONFIDENTIALITY

WE ACT makes every effort to protect the confidentiality of the information provided but cannot guarantee absolute confidentiality. Confidentiality will be protected and honored to the degree legally possible. However, anonymity and complete confidentiality cannot be guaranteed once a complaint is made to WE ACT. You can help protect confidentiality by keeping the proceedings of any interviews with you confidential.

SIGNATURE

I affirm that the above information is true to the best of my knowledge, information, and belief

Signature

Date