

CITY OF WILLARD, MISSOURI

224 W. Jackson Street P.O. Box 187 Willard, MO 65781 417-742-3033 417-742-3080 Fax



Non-Employee Discrimination Complaint Form

If you believe that you've been discriminated against on the basis of race, color, national origin, age, sex, or disability, or if you believe that one or more City of Willard programs is being operated in a fashion that discriminates against a person or group of persons on the basis of race, color, national origin, age, sex, or disability, you may file a complaint within 180 days of the date of the last discrimination. For more information see the City of Willard's "Procedure for Non-Employee Discrimination Complaints" or contact the Non-Discrimination Coordinator identified below.

Any individual who follows the complaint or testifies, assist, or participates in a non-discrimination investigation, proceeding, or hearing may not be intimidated or retaliated against by the City of Willard for the purpose of interfering with any right or privilege guaranteed by the Civil Rights Act of 1964, section 504, or any other civil rights statute.

Complete this form and mail or deliver to:

Dona Slater, City Clerk, Non-Discrimination Coordinator, City of Willard, P. O. Box 187, 224 W. Jackson St., Willard, MO 65781. Telephone:417-742-5302, clerk@cityofwillard.org.

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone Number: _____ E-Mail Address: _____

5. Person discriminated against (if other than complainant):

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ E-Mail Address: _____

6. Other person(s) who may have knowledge of the event:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ E-Mail Address: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ E-Mail Address: _____

7. What was the discrimination based on? (check all that apply):

Race Color National Origin (including LEP) Disability Sex

Age Retaliation Other (please specify) _____

8. Date of incident resulting in discrimination: _____

9. Describe the discrimination. What happened and who was responsible? For additional space, attach additional sheet(s) of paper.

10. Did you file this complaint with another federal, state, or local agency or with a federal court?

___ Yes ___ No

If the answer is yes, check each agency where the complaint was filed: ___ Federal Agency

___ Federal Court ___ State Agency ___ State Court ___ Local Agency

___ Other _____

11. Provide contact information for the agency with which you also filed a complaint:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ E-Mail Address: _____

Date Filed: _____

12. Sign the complaint in the space below and date. Attach any documents you believe supports your complaint.

Complainant (signature)

Date