Discrimination Complaint Form

This form should be used to report any or all of the following discrimination types:

- Awarding of Federal Funds by the NH Department of Justice
- Employment by the NH Department of Justice
- Employment by a recipient of federal funding from the NH Department of Justice
- Program or Services offered by the NH Department of Justice
- Program or Services offered by a recipient of federal funding from the NH Department of Justice

Date discrimination occurred:

Reporting Party Name:

Address:

E-Mail address:

Telephone Number:

Person being discriminated against (if different than Reporting Party):

E-Mail address:

Address:

Telephone Number:

Agency or Organization Involved:

Name:

Address:

Telephone Number:

Federal Grant Program:

Service Offered:

Nature and Description of the Discrimination Complaint:
Check the appropriate boxes upon which you think you were discriminated and explain in your summary below:

___ Race ___ Color ___ National Origin (including English language proficiency) ___ Age

___ Disability ___ Sex ___ Religion ___ Sexual Orientation ___ Gender Identity
Summary of Complaint:

Signature of Complainant ___________________________ Date ________

Submit completed form, within either 180 days or one year of the date of the incident, depending on the relevant statute, via e-mail to: Thomas.Kaempfer@doj.nh.gov

Or by mail:
NH Department of Justice
Attention: Tom Kaempfer
33 Capitol St
Concord, NH 03301