



Mid Atlantic States Career and Education Center
111 S. Broadway, Pennsville, NJ 08070
www.wegrowpeople.org

Complainant:

Phone:

Street Address:

City, State, Zip Code

Alt Phone:

Person Preparing Complaint (if different from Complainant):

Street Address, City, State, Zip Code

Date of Incident: _____

Please describe the alleged discriminatory incident, including the location(s), if applicable.
Provide the names and titles of "Agency Name" employees involved, if available.

Description of incident continued:

Have you filed a complaint with any other federal, state, or local agencies? Yes/No (Circle One). If so, list agency/agencies and contact information below:

Agency Contact Name:

Street Address, City, State, Zip Code Phone:

Agency Contact Name:

I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.

Complainant's Signature

Date

Print or Type Name of Complainant

Date Received: _____

Received By: _____