

Ohio Department of Job and Family Services  
 Bureau of Civil Rights  
 30 E. Broad Street, 30<sup>th</sup> Floor  
 Columbus, Ohio 43215-3414

**DISCRIMINATION COMPLAINT**  
 (614) 644-2703 or Toll Free 1-866-227-6353 TTY (614) 995-9961 or Toll Free 1-866-221-6700 FAX 614-752-6381  
*Assistance with completion of this form shall be provided.*

1. Name: <i>(Last)</i>		1. Name: <i>(First)</i>		1. Name: <i>(Middle Initial)</i>	
Home Address <i>(Number and Street)</i>			2. Work Phone Number (      )		
(City)	(Zip)	3. Home Phone Number (      )			
4a. On what basis do you believe you have been discriminated against?  Race          Age          Disability  Color          National Origin          Citizenship/Participant Status (WIA Program Only)  Religion          Ancestry          Sex			4b. Program/Services Area Adoption/Foster Care/Child Welfare Unemployment          WIA Child Support          Health Services TANF          Food Stamps Other _____		
5. Race of the complainant Black/African American          White/Caucasian Native American          Asian/Pacific Islander Hispanic/Latino          Other			Sex of the Complainant  Male  Female		
6. Name the agency you believe has discriminated against you:				<i>(County)</i>	
7. Location: <i>(Number and Street)</i>	7. Location: <i>(City)</i>	7. Location: <i>(State)</i>	7. Location: <i>(Zip)</i>		
8. Name(s) and title(s) of who you believe discriminated against you:    					
9. Date of alleged discrimination		10. Working/training site where you were located: <i>(if applicable)</i>			
11. Please explain why you believe the treatment or incident you experienced was because of your race, color, religion, national origin, age, disability, political affiliation or belief, and/or for WIA Participants: citizenship/participant status. (Please attach additional sheet(s) of paper, if necessary to fully state your complaint.)					
12. Date complaint written		13. Complainant’s signature			
<b>FOR OFFICE USE ONLY</b>					
Complaint No.		BCR staff assigned <i>(initials)</i>		Date charge received	
County Agency <i>(specify CSEA, PCSA, CDJFS, ODJFS, etc.)</i>			Program <i>(OWA, WIA, TANF, Food Stamps)</i>		