

Ohio Department of Job and Family Services  
**INSTRUCTIONS FOR COMPLETING JFS 02333, DISCRIMINATION  
COMPLAINT**

**Box 1.** Name of complaint, last, first, middle initial and home address;

**Box 2.** Complainant's office telephone number;

**Box 3.** Complainant's home telephone number;

**Discrimination:** A biased action often based on prejudicial attitudes against and individual or group characterized by race, sex, national origin, ancestry, disability, color, religion, age and that results in unequal treatment.

**Box 4a.** Check the area (s) in which you believe you have been discriminated against. Based on race, color, religion, sex, national origin, ancestry, disability, age, citizenship/participant status (WIA Programs only).

**Box 4b.** What assistance (programs and/or services) are you currently receiving?

**Box 5.** Provide your race and sex;

**Box 6.** Provide the name and county of the agency you believe has discriminated against you.

**Box 7.** Provide the location of the agency you believe has discriminated against you.

**Box 8.** Provide the name(s) and title(s) of the person(s) you believe has discriminated against you.

**Box 9.** Provide the date the alleged discrimination occurred.

**Box 10.** Provide the working / training site where you were located: (if applicable)

**Box 11.** Provide an explanation of how you believe you were discriminated against.

**Box 12.** The date you filed the complaint;

**Box 13.** The signature of the complainant;

**For Official Use Only**

The Ohio Department of Job and Family Services, Bureau of Civil Rights will complete this section.