

1. Complainant contact Information:
- a. Name _____
 - b. Address: (mailing & physical) _____
 - c. Contact telephone number _____

2. What is your National Origin (ethnicity or ancestry): _____

3. I believe I was discriminated against in:
- Employment
 - Public Accommodation
 - Housing
 - Education
 - Other _____

4. What is the basis (or bases) for your claim of discrimination? Please check all that apply.

- Race
- National Origin (ethnicity or ancestry)
- Color (different skin shade in same race)
- Religion
- Age (40+)
- Disability
- Sex (If checked, please select all that apply from the following)
 - Female
 - Male
 - Pregnancy
 - Sexual Orientation

- Retaliation (if checked, you **MUST** identify one or more of the following underlying bases)
 - Race
 - National Origin (ethnicity or ancestry)
 - Color (different skin shade in same race)
 - Sex
 - Religion
 - Age (40+)
 - Disability

5. Have you previously filed a complaint in this matter with any person or agency?

Yes _____ No _____

Person's or Agency's Name _____

Filed Date (MM/DD/YYYY) _____

6. Organization Information

a. Name/Address/Phone of the organization that you believe discriminated against you

b. Type of Business

c. Owner name

7. What happened to you that you believe was discriminatory? Include:

- the date(s) of harm
- the action(s),
- the name(s) and title(s) of the person(s) who you believe discriminated against you

8. Why do you believe these actions were discriminatory, *i.e.*, because of your race, color, national origin, sex, religion, age, disability, or retaliation?

9. What reason(s) were given to you for the acts you consider discriminatory? By whom? His/her job title?

10. Name or otherwise identify others who were in the same situation as you. Explain any similar or different treatment. Highlight who was treated better, who was treated worse, and who was treated the same as you.

11. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them and tell us what you believe they will say.

You can mail or drop off this form at:
Community Relations Ombudsman
Riverton Police Department
City of Riverton
816 N Federal Blvd
Riverton, WY 82501

You may also email this completed form to ombudsman@rivertonwy.gov.