Employment Discrimination Claim Form

| Your Information |
|-------------------------|
| Full Name |
| |
| Address |
| |
| Phone Number |
| |
| Email Address |
| |
| |
| Employer Information |
| Employer Name |
| |
| Employer Address |
| |
| Employer Phone Number |
| |
| |
| Claim Details |
| Position Held |
| |
| Date of Hire |
| |
| Date of Incident |
| |
| Type of Discrimination |
| Type of Bloomminuter: |
| Description of Incident |
| |
| |
| Witnesses (if any) |
| Thursday (ii dily) |
| |

Resolution Sought

Please describe what outcome or resolution you are seeking

| Signature | | |
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| Signature | | |
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