



## City of Garden City Discrimination Complaint Form

Name:	Phone	Name of Person(s) or Department that discriminated against you
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Your - Street (PO Box) City State Zip	Name, Address and Position of Person (if known)
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Discrimination Because of:		
---- Race/Color	---- Retaliation	---- Age
---- Disability	---- National Origin	---- Sex

*Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved and the date of the alleged incident. Describe the corrective action you are seeking. Also attach any written material pertaining to your case.*

Signature	Date
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