

# Rolling Plains Management Corporation

## DISCRIMINATION COMPLAINT FORM

If you feel you have been discriminated against under Title VI of the 1964 Civil Rights Act or have not been provided equal opportunity due to other unlawful discrimination, please provide the following information in order to assist us in processing your complaint and send it to:

Debra K. Thomas, Executive Director  
Rolling Plains Management Corporation  
119 N. First, P. O. Box 490  
Crowell, Texas 79227

Please print clearly:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

E-mail address (if you have one): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (other)

Best time of day to reach you: \_\_\_\_\_

Name(s) of person(s) who you believe discriminated against you: \_\_\_\_\_

\_\_\_\_\_

It is a violation of the law to discriminate against you based on the following protected classes: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs) Reprisal is prohibited based on prior civil rights activity.

Please list which protected class was the cause of your alleged discrimination: \_\_\_\_\_

\_\_\_\_\_

Please name the Rolling Plains Management Corporation program you applied for: \_\_\_\_\_

\_\_\_\_\_

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What was the date of the alleged discrimination? \_\_\_\_\_

Where did the alleged discrimination take place? \_\_\_\_\_

Please describe the circumstances as you saw it: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any and all witnesses' names and phone numbers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you like to see this complaint resolved?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please date and sign this form:

\_\_\_\_\_

Your signature

\_\_\_\_\_

Print your name

\_\_\_\_\_

Date