



## Discrimination Complaint Form

If you believe that you have been discriminated against on the basis of race, color, national origin (including limited English proficiency), age, sex, disability, sexual orientation, and marital status, or if you believe that one or more City of Gautier programs is being operated in a manner that discriminates against a person or group of persons on the basis of race, color, national origin (including limited English proficiency), age, sex, disability, sexual orientation, and marital status, you may file a complaint of the alleged discrimination.

Any individual who files a complaint or testifies, assists, or participates in a non-discrimination investigation, proceeding, or hearing may not be intimidated or retaliated against by the City for the purpose of interfering with any right or privilege guaranteed by the Civil Rights Act of 1964, Section 504, or any other civil rights statute.

Complete this form and mail or deliver to: LeKeisha Hill, Non-Discrimination Coordinator, City of Gautier, 3330 Highway 90, Gautier, MS 39553; or via e-mail to: [lhill@gautier-ms.gov](mailto:lhill@gautier-ms.gov).

### 1. Complainant

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

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

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

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### 2. Person discriminated against (if other than complainant):

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

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

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

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

3. What was the discrimination based on? (Check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Race                            | <input type="checkbox"/> Age                    |
| <input type="checkbox"/> Retaliation                     | <input type="checkbox"/> Color                  |
| <input type="checkbox"/> National Origin (including LEP) | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Disability                      | _____   |
| <input type="checkbox"/> Sex                             |   |

Describe the discrimination. Please include date or timeframe and contact information for others with knowledge of the complaint. For additional space, attach additional sheet(s).

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Sign and date.

\_\_\_\_\_  
Complainant

\_\_\_\_\_  
Date

Attach any documents you believe support your complaint.