

Richland County Job & Family Services/OhioMeansJobs Richland County

171/183 Park Avenue East

Mansfield, Ohio 44902

419-774-5400/419-774-5300

FAX: 419-774-0051/419-774-5380

DISCRIMINATION COMPLAINT FORM

Assistance with completion of this form shall be provided

Complainant Information

Name:

(Last)

(First)

(Middle Initial)

Address:

(Number and Street)

City

State

Zip

Telephone Number:

(Home)

(Work)

Race/National Origin:

Black/African American

White/Caucasian

Hispanic/Latino

Native American

Asian/Pacific Islander

Other

Sex of Complainant:

Male

Female

Basis/Reason for the Alleged Discrimination:

Race

Age

Disability

Color

Religion

Sex

National Origin

Ancestry

Citizenship/Participant Status (WIOA)

Other

Program/Service Area:

- WIOA Medicaid Food Assistance Cash Assistance
- OWF/Work Activities FA/Work Activities WIOA/OhioMeansJobs

Date of Alleged Incident or Action: _____

Description of Alleged Incident/Discriminatory Treatment *(Please describe the treatment or incident you experienced that you believe was a result of your race, color, religion, national origin, age, disability, or citizenship status/WIOA. Attach additional sheets, if necessary):*

(Signature)

(Date)

Signature of Person Filing the Complaint/Date of Complaint:

For Office Use Only

Complaint No.	Date Received:	Program: (TANF, FA, WIOA)
Completed By:		