Discrimination Complaint Form

Complete this form to file a complaint of discrimination with respect to an Orange Water and Sewer Authority program or activity. There is no cost to file a complaint.

Your discrimination complaint will be reviewed by a specialist to determine if it alleges acts that might violate 40 C.F.R. Parts 5 and 7 (Non-discrimination in Programs or Activities Receiving Federal Assistance from the Environmental Protection Agency), including Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972, and/or Section 13 of the Federal Water Pollution Control Act Amendments of 1972. The specialist will contact you for any additional information needed to complete this review. If your complaint involves a possible violation of one of the above laws, you will be notified about the next step in the process.

Enter Your Personal Information

First Name _______________________________ Last Name _______________________________
Address: __________________________________________________________________________
          City:______________________ State _____________ Zip ______________________
Email Address: _______________________________________________________________________
Daytime Phone Number ___________________ Evening Phone Number _____________________
Best Time to Call ______________________________________________________________________

Who else can we call if we cannot reach you?

Contact Number 1:
First Name _______________________________ Last Name _______________________________
Address: __________________________________________________________________________
          City:______________________ State _____________ Zip ______________________
Daytime Phone Number ___________________ Evening Phone Number _____________________
Best Time to Call ______________________________________________________________________

Contact Number 2:
First Name _______________________________ Last Name _______________________________
Address: __________________________________________________________________________
          City:______________________ State _____________ Zip ______________________
Daytime Phone Number ___________________ Evening Phone Number _____________________
Best Time to Call ______________________________________________________________________

Enter Complaint Information

What happened to you?
Provide a specific and detailed description of the decision(s) or actions(s) including the date (or date range) which is alleged to have constituted unlawful discrimination in violation of 40 C.F.R. Parts 5 and 7 (Non-discrimination in Programs or Activities Receiving Federal Assistance from the Environmental Protection Agency), including Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of
1973; the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972, and/or Section 13 of the Federal Water Pollution Control Act Amendments of 1972. Describe the harm alleged to have occurred, or which will occur, because of alleged discrimination. Please be concise, but attach additional sheets if necessary.

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Why do you believe you are being discriminated against?

- Age (over 40)
- Color
- Disability
- Familial status (families with children under 18)
- National origin
- Religion
- Race
- Sex
- Veteran status

Briefly explain why you think your rights were denied because of any the factors listed above.

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Who do you believe discriminated against you?

Contact Number 1:

First Name _______________________________ Last Name ________________________________

OWASA Position or Department __________________________________________________________

Where did the alleged act of discrimination occur?

Address or OWASA facility:

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

When did the last act of discrimination occur?

_________________________________________________________________________________________

_________________________________________________________________________________________

Is the alleged discrimination continuous/on-going?

Yes

No

Date: ________________________________

Signature