

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

Signature _____ Date: _____