



# I/N TEK & I/N KOTE CIVIL & HUMAN RIGHTS COMPLAINT FORM

Please provide all requested information that applies.

Local Union # \_\_\_\_\_ District # \_\_\_\_\_ Check or Badge # \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_ Date Hired \_\_\_\_\_ Position \_\_\_\_\_

Department # \_\_\_\_\_ Shift \_\_\_\_\_ Grievance Filed \_\_\_\_\_ Status \_\_\_\_\_

Name of Complainant(s) \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature of Complainant(s)

## NATURE OF COMPLAINT

## RELIEF REQUESTED

### **This alleged discrimination was based on (check):**

Race      Color      Religion      National Origin      Sex      Age      Disability  
Discriminatory/Sexual Harassment      Citizenship      Sexual Preference      Other

### **and is in regard to (check):**

Initial Hiring      Assignment      Promotion-Upgrading      Transfer      Discharge      Layoff      Recall      Representation

Other \_\_\_\_\_

**Please return completed form to any member of the I/N Civil & Human Rights committee.**