

Columbus County Government Complaint Form

Type of Complaint: Title VI ADA

Sexual Harassment Retaliation

Discrimination (Please circle all that apply to your complaint):

 Race Color Disability Age Religion Sex National Origin

(To be completed by complainant)

Social Security No: _____

(Print) Name

Job Title

Telephone Number

Department Division/Unit

Immediate Supervisor

Date of Incident

Department Manager

Statement of Complaint Be Specific. Please provide as much information in as much detail as possible. (You may attach additional paper if necessary).

Name(s) of Person(s) against whom the complaint is filed: _____

Description of Incident (describe the actions of all persons involved, including yourself).

How have you been affected by this action?

How would you like to have your complaint resolved?

Signature of Complainant

Date & Time Submitted

Form Submitted to (Print Name)

Title

Signature of Person Receiving the Form