



DISCRIMINATION COMPLAINT
NORTH DAKOTA DEPARTMENT OF HEALTH
HUMAN RESOURCES DIVISION
SFN 60214 (8-2012)

Complainant			Telephone Number
Address	City	State	ZIP Code
Person, Agency, Department or Division Which You Believe Has Discriminated			
Address	City	State	ZIP Code
Date and Time Alleged Discrimination Occurred			
Have Efforts Been Made to Resolve Complaint with Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, How and With Whom Did You Speak?			
Which of the following best describes the reason you believe discrimination took place: <input type="checkbox"/> Race/Color <input type="checkbox"/> Sex <input type="checkbox"/> Disability <input type="checkbox"/> Other (identify): _____ <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Religion			
Reason (Attach additional sheets as needed.)			
Signature			Date
<i>Filing of this agency does not preclude you from filing a complaint with an appropriate Federal Agency.</i>			

Send to:
Civil Rights Officer
600 E. Boulevard Ave, Dept. 301
Bismarck, ND 58505-0200
Telephone: 701.328.2372
Fax: 701.328.4727