



Virginia Department of Criminal Justice Services

Discrimination Complaint Form

ALLEGATION OF EMPLOYMENT DISCRIMINATION

IMPORTANT NOTICE – PLEASE READ BEFORE FILLING OUT THIS FORM:

Filing a complaint with the Virginia Department of Criminal Justice Services (DCJS) is voluntary. DCJS is not your attorney or advocate. DCJS may or may not forward this complaint to U.S. Department of Justice, Office of Justice Programs, Office for Civil Rights (OCR), or other agencies for investigation. DCJS does not take responsibility for your notifying your employer of a discrimination or retaliation claim, nor for filing this complaint with the appropriate agency or court, within the appropriate time periods for doing so.

TO: Complaint Coordinator
Virginia Department of Criminal Justice Services
1100 Bank Street, 12th Floor
Richmond VA 23219

From:

Complainant's Name: _____ **Date:** _____

COMPLAINANT

First/MI/Last Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Other Phone:** _____

Email Address: _____

AGENCY AGAINST WHOM DISCRIMINATION CLAIM FILED

Agency Name: _____

Contact Person: _____

First/MI/Last Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Agency Phone: _____ **Other Phone:** _____

Please answer the following questions:

(1) Please indicate the type of discrimination you are alleging:

- | | |
|--|---|
| <input type="checkbox"/> Race/Color | <input type="checkbox"/> Disability |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Age |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Gender Identity |
| | <input type="checkbox"/> Sexual Orientation |

(2) Does the allegation pertain to employment or access to public service? ☐ Yes ☐ No

(3) What is the date that the most recent incident being alleged took place? _____

(4) Where did the most recent incident being alleged take place?

(5) What happened? Please provide a detailed account of the alleged discrimination:

(6) If this complaint is resolved to your satisfaction, what remedy are you seeking?

(7) Have you filed a case or complaint regarding this incident with any of the following?

☐ Civil Rights Division, U.S. Department of Justice

☐ Federal or State Court

☐ Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice

☐ VA Employment Commission

☐ U.S. Equal Employment Opportunity Commission (EEOC)

☐ Local human rights commission or fair employment practices agency

(8) For each item checked in (7), please provide the following information:

Name of Agency: _____

Date Filed: _____

Case or Docket Number: _____

Date of Trial or Hearing: _____

Location of Agency or Court: _____

Name of Investigator: _____

Status of Case: _____

Comments: _____

(9) Do you have an attorney? ☐ Yes ☐ No

Complainant's Signature: _____ **Date:** _____
(Complaint NOT VALID unless signed)

If this form has been completed by someone other than the person filing this complaint, please indicate name and agency name of person completing this form below, and date completed:

Name: _____
Agency: _____
Date: _____

Complainant's acknowledgement that above information has been completed accurately.

Complainant's Signature: _____ **Date:** _____

**VIRGINIA DEPARTMENT OF CRIMINAL JUSTICE SERVICES,
COMPLAINT COORDINATOR CONTACT INFORMATION**

Mailing Address:

Virginia Department of Criminal Justice Services
Attn: Complaint Coordinator – Wendy Lohr Hopp
1100 Bank Street, 12th Floor
Richmond, VA 23219

Office Phone Number: (804) 786-4011

Email Address: wendy.lohr-hopp@dcjs.virginia.gov

For DCJS Use Only

Received by Complaint Coordinator: _____ (Signature)
Date: _____
Date Acknowledgement Sent to Complainant: _____
Date Complaint Referred to EEOC: _____ OCR: _____
Date Claimant Notified of Referral: _____
Notes: _____