



CITY OF NEWPORT

NONDISCRIMINATION COMPLAINT FORM

Date: _____

SECTION I. COMPLAINANT INFORMATION *

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: (____) _____ Email: _____

SECTION II. COMPLAINT DETAILS

1. Name and position of the staff(s), or the program, activity, or service against whom the complaint is filed:

2. Please indicate below the base(s) on which you believe these discriminatory actions were taken.

☐ Race: _____

☐ Sex: _____

☐ Color: _____

☐ Disability: _____

☐ National Origin: _____

☐ Other: _____

☐ Age: _____

3. To the best of your recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____

Most recent date of discrimination: _____

4. Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary.)

5. If you believe that you have been retaliated against for complaining about discrimination or cooperating in an investigation of alleged discrimination, please explain the circumstances and what actions you took which you believe were the basis for the alleged retaliation.

6. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom the City may contact for additional information to support or clarify your complaint.

7. Please provide any other information that you think is relevant to your discrimination complaint.

8. What remedy are you seeking for the alleged discrimination?

By my signature below, I acknowledge that the information is true and correct to the best of my knowledge.

Printed Name

Signature

Date

To mail a printed copy of this form:

City of Newport attn: Erin Murdock
43 Broadway
Newport, RI 02840

To send electronically:

EMurdock@cityofnewport.com

If you have any questions or to request an alternative format:

Erin Murdock
Phone: 401-845-5397
Email: EMurdock@cityofnewport.com