



County of Fairfax, Virginia

Citizen Complaint Form for Allegations of Discrimination

Fairfax County has two complaint procedures providing for prompt and equitable resolution of complaints by citizens alleging any discrimination action prohibited by Federal, State and local law or policy. This complaint form is to be utilized for filing complaints of discrimination on the basis of age, sex, sexual harassment, race, religion, creed, national origin, marital status, color, political affiliation and veteran's status.

Fairfax County Government's Complaint Procedure under the Americans with Disabilities Act addresses allegations of disability discrimination. Under this procedure you will need to complete a form as identified in that procedure.

Please contact the staff from the Fairfax County Office of Human Rights and Equity Programs for further information and to obtain copies of the appropriate procedure. Call 703-324-2953, TTY 711 on any County or email EPDEmailComplaints@FairfaxCounty.gov.

INSTRUCTIONS: Complaints should be filed in writing within 60 working days after the complainant should have reasonable gained knowledge of the alleged violation. The term "workday" shall mean any Monday through Friday that is not a county holiday. An investigation shall follow the filing of the complaint.

This form should be used in conjunction with the Fairfax County Policy and Procedure for Citizens Alleging Discrimination in County Programs and Services.

Person Filing Complaint

Name:

Telephone No.:

Home:

Work:

Mobile:

Best time to call:

E-mail:

Address:

Street:

City:

State:

Zip Code:

Person and Department Alleged to have Discriminated:

Name:	Department:	
<hr/>		
Street:		
City:	State:	Zip Code:
Phone:		

Basis(es) of Discrimination (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Race _____ | <input type="checkbox"/> Veteran's Status | <input type="checkbox"/> Political Affiliation |
| <input type="checkbox"/> Color _____ | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Age – Date of Birth: _____ |
| <input type="checkbox"/> National Origin _____ | <input type="checkbox"/> Sex or Gender | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Religion _____ | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Creed _____ | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Other: _____ |

Date(s) Discrimination Occurred:

Summary of Complaint: (attach additional pages if necessary)

Action Requested:

I affirm that I have read the above charge and that it is true to the best of my knowledge, information or belief.

Signature of Complainant

____/____/____
Date



This form will be made available in an alternative format upon request. Direct your request to the Equity Programs Division of the Office of Human Rights and Equity Programs, 12000 Government Center Parkway, Suite 318, Fairfax, VA 22035; 703-324-2953, TTY 711 or 703-324-3305 (Fax).