



# OFFICE OF THE GOVERNOR

## COMPLAINT VERIFICATION FORM

The purpose of this document is to help you file a discrimination complaint concerning the implementation or administration of any program, activity, or service receiving federal financial assistance from the U.S. Department of Justice or the U.S. Department of Homeland Security, whether within the OOG or a subrecipient. This document is not intended to be used for complaints about employment with the OOG. You are not required to use this document to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested herein.

### 1. Information about the person who experienced the alleged discrimination:

Name: \_\_\_\_\_  
First and Middle (Given Names) Last (Family Name/Surname)

Phone #: Cell/Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
P.O. Box or Street Address City State Zip

Email (optional): \_\_\_\_\_

### 2. Information about the person(s) who is alleged to have discriminated:

Name: \_\_\_\_\_  
First and Middle (Given Names) Last (Family Name/Surname)

Phone #: Cell/Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
P.O. Box or Street Address City State Zip

### 3. Information about the agency or organization involved:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
P.O. Box or Street Address City State Zip

**4. Are there other individuals or organizations involved in this discrimination complaint?**

Yes    No

**If Yes, please provide their name, address, and telephone number below:**

<b>Name</b>	<b>Address</b>	<b>Telephone</b>
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**5. Describe the nature of the alleged discrimination involved.**

**6. Explain in detail what happened, when, and how the alleged discrimination occurred.** State who was involved, and how other persons were treated differently.

**7. What other information do you think might be helpful to an investigation?**

**8. Please list below any persons (witnesses, fellow employees, supervisors, or others) who have direct knowledge of the situation that might be able to provide information to support or clarify the complaint:**

<b>Name</b>	<b>Address</b>	<b>Telephone #</b>
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**9. Have you or others filed a case or complaint regarding this allegation with any of the following?**

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

Office for Civil Rights and Civil Liberties, U.S. Department of Homeland Security

U.S. Equal Employment Opportunity Commission

Other Federal Agency

Federal or State Court

Texas Workforce Commission

Other

If any of the above were selected please provide the following information:

**Name of Agency:**

**Date Filed:**

**Case or Docket Number:**

**Date of Trial/Hearing:**

**Location of Agency/Court:**

**Investigator:**

**Status of case:**

**10. Information about the person filing this complaint, if this complaint is being submitted on behalf of another:**

Name: \_\_\_\_\_  
First and Middle (Given Names) Last (Family Name/Surname)

Phone #: Cell/Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
P.O. Box or Street Address City State Zip

Email (optional): \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

You may submit the form by email to: [GAD@gov.texas.gov](mailto:GAD@gov.texas.gov)

Or send via U.S. mail to:

Office of the Governor  
Public Safety Office  
Grants Administration Director  
P.O. Box 12428  
Austin, Texas 78701