



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:

Name: _____

Phone #: _____

Mailing _____

Address: P. O. Box or Street Address City State Zip

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:

Name: _____
Phone #: _____
Mailing Address: _____
P. O. Box or Street Address City State Zip

9. Have you or others filed a case or complaint regarding this allegation with any of the following?

- | | |
|--|---|
| <input type="checkbox"/> Office for Civil Rights within the Office of Justice Programs, U.S. Department of Justice | <input type="checkbox"/> Texas Workforce Commission |
| <input type="checkbox"/> Office for Civil Rights and Civil Liberties, U.S. Department of Homeland Security | <input type="checkbox"/> Other Federal Agency |
| <input type="checkbox"/> U.S. Equal Employment Opportunity Commission | <input type="checkbox"/> Other |
| <input type="checkbox"/> Federal or State Court | |

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: PSO@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