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Did you file this complaint with another federal, state or local agency, or with a federal or state court? (Check the appropriate space) Yes No

If your answer is yes, check each agency that a complaint was filed with:

- Federal Agency Federal Court State Agency State Court
 Local Agency Other

Provide the contact person information for the agency you also filed the complaint with:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date Filed: _____

Sign below and be sure to attach or provide any supporting information that you believe may support your claim.

Complainant's Signature

Signature Date