



Discrimination Complaint Form

This form should be used to report any or all of the following discrimination types:

- Awarding of Federal Funds by the NH Department of Justice
- Employment by the NH Department of Justice
- Employment by a recipient of Federal funding from the NH Department of Justice
- Program or services offered by the NH Department of Justice
- Program or services offered by a recipient of Federal funding from the NH Department of Justice

Please provide the following reporting party information

Date the discrimination occurred:

Reporting party name:

Address:

E-mail Address:

Telephone Number:

Please provide the following information of the person being discriminated against

Name of person being discriminated against:

Address:

E-mail Address:

Telephone Number:

Please provide the following agency or organization information

Name of agency or organization involved:

Address:

Telephone Number:

Federal Grant Program:

Service Offered:

Nature and Description of the Discrimination Complaint

Check the appropriate boxes below upon which you think you were discriminated and explain in your summary below

Race

Color

National Origin (including English Language Proficiency)

Age

Disability

Sex

Religion

Sexual Orientation

Gender Identity

Summary of Complaint

Signature of Complantant

Date

Submit the completed form, within either 180 days or one year of the date of the incident, depending on the relevant statute, via mail or e-mail to:

NH Department of Justice
Attn: Lisa J. Lamphere
33 Capitol Street
Concord, NH 03301
Lisa.J.Lamphere@doj.nh.gov