

The action or decision which caused me to believe I was discriminated against is as follows:  
*(Please include a description of what happened and how your benefits were denied, delayed or affected):*

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Please list any and all witnesses' names and phone numbers:

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What type of corrective action would you like to see taken?

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**SECTION 4**

May we contact you if we need more details or information?

\_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Which is the best way to reach you? (Choose one)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Mail: \_\_\_\_\_

If a phone call is preferred, what is the best day and time to reach you?

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