

**Glide Rural Fire Protection District  
Procedure #1.2 - Appendix A**

**ALLEGATION OF DISCRIMINATION  
In the Delivery of Services or Benefits**

**TO:**

Fire Chief  
Glide Rural Fire Protection District  
PO Box 446  
18910 North Umpqua Hwy.  
Glide, OR 97443

**TODAY'S DATE:** \_\_\_\_\_

**COMPLAINANT**

Full Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Please indicate the type of discrimination you are alleging:

Race/Color             Gender Identity  
 National Origin       Age  
 Religion                 Sex  
 Disability               Sexual Orientation  
 Retaliation

Date the most recent incident being alleged last took place: \_\_\_\_\_

Where did the most recent incident being alleged take place? \_\_\_\_\_

What happened? Please provide a detailed account of the alleged discrimination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this complaint is resolved to your satisfaction, what remedy are you seeking?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Have you filed a case or complaint regarding this incident with any of the following?
- U.S. Department of Homeland Security, Office of Civil Rights and Civil Liberties
  - Civil Rights Division, U.S. Department of Justice
  - Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice
  - U.S. Equal Employment Opportunity Commission (EEOC)
  - Oregon Department of Justice, Civil Rights Division
  - Federal or State Court
  - Bureau of Labor and Industries, Civil Rights Division
  - Local human rights commission or fair employment practices agency

For each item checked in the previous question, please provide the following information:

Name of Agency: \_\_\_\_\_  
 Date Filed: \_\_\_\_\_  
 Case or Docket Number: \_\_\_\_\_  
 Date of Trial or Hearing: \_\_\_\_\_  
 Location of agency or court: \_\_\_\_\_  
 Name of investigator: \_\_\_\_\_  
 Status of Case: \_\_\_\_\_  
 Comments: \_\_\_\_\_

*(attach additional pages if needed)*

Do you have an attorney?  Yes  No

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 Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Complaint NOT VALID unless signed)*

If this form has been completed by someone other than the person filing this complaint, please indicate name and agency name of person completing this form below, and date completed:

Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
 Date: \_\_\_\_\_

Complainant's acknowledgement that above information has been completed accurately:

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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