



# COMPLAINT FORM FOR REPORTING DISCRIMINATION

## PERSON FILING THIS COMPLAINT

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
TASO ID: \_\_\_\_\_ CELL: \_\_\_\_\_  
TASO CHAPTER: \_\_\_\_\_

- BASEBALL    BASKETBALL    FOOTBALL    SOCCER    SOFTBALL    VOLLEYBALL

## DISCRIMINATED INDIVIDUAL (IF DIFFERENT FROM PERSON FILING)

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
TASO ID: \_\_\_\_\_ CELL: \_\_\_\_\_  
TASO CHAPTER: \_\_\_\_\_

- BASEBALL    BASKETBALL    FOOTBALL    SOCCER    SOFTBALL    VOLLEYBALL

Your complaint of Discrimination is made against:

NAME: \_\_\_\_\_ TASO CHAPTER: \_\_\_\_\_

Is this individual a chapter officer, or does he/she hold a chapter wide position, elected or appointed?

- YES    NO

DATE(S) Discrimination occurred: \_\_\_\_\_

Please list any Witnesses (name and contact info): \_\_\_\_\_

## DISCRIMINATION COMPLAINT IS BASED ON:

- |  |  |
|--|--|
| <input type="checkbox"/> RACE            | <input type="checkbox"/> SEX                   |
| <input type="checkbox"/> COLOR           | <input type="checkbox"/> DISABILITY            |
| <input type="checkbox"/> NATIONAL ORIGIN | <input type="checkbox"/> OTHER (SPECIFY BELOW) |

Please describe the conduct or incident(s) that is the basis of this complaint and your reasons for concluding that the conduct is Discrimination. Please use additional sheets of paper if necessary, and attach any relevant documents or evidence.

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE