

**Discrimination Complaint Form**  
**East Side Highway District**  
 6095 E Mullan Trail Rd. Coeur d Alene ID 83814  
 208-765-4714 Office / 208-667-6752 Fax

Name:	
Address:	
Phone #:	
Email:	

Name of Person(s), Agency that discriminated against you:	
Name, Address & position of the person (if known):	
Date of the alleged incident:	

Discrimination Because Of:			
	Race/Color		LEP/EJ
	Sex		Age
	Disability		National Origin

Please explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Describe the corrective action you are seeking. Please attach any written material pertaining to the incident.

I certify to the best of my knowledge, the statements and information contained in these documents are true, accurate, and complete. Please send the completed form to the address listed above	
Signature	Date