



OFFICE OF THE GOVERNOR

Complaint Verification Form

Purpose

The purpose of this form is to help you file a discrimination complaint concerning the implementation or administration of any program, activity, or service receiving federal financial assistance from the U.S. Department of Justice or the U.S. Department of Homeland Security, whether within the Office of the Governor (OOG) or a subrecipient. This document is not intended for employment-related complaints with the OOG. You are not required to use this document to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested herein.

Section 1: Person who experienced the alleged discrimination

First and Middle Name: _____

Last Name: _____

Cell/Mobile Phone: _____

Home Phone: _____

Work Phone: _____

Street Address or P.O. Box: _____

City: _____

State: _____

ZIP Code: _____

Email (Optional): _____

Section 2: Person(s) who alleged to have discriminated

First and Middle Name: _____

Last Name: _____

Cell/Mobile Phone: _____

Home Phone: _____

Work Phone: _____

Street Address or P.O. Box: _____

City: _____

State: _____

ZIP Code: _____

Section 3: Agency or Organization Involved

Agency/Organization Name: _____

Phone Number: _____

Street Address or P.O. Box: _____

City: _____

State: _____

ZIP Code: _____

Section 4: Additional Individuals or Organizations

Are there other individuals or organizations involved?

Yes No

Name: _____

Phone Number: _____

Street Address or P.O. Box: _____

City: _____

State: _____

ZIP Code: _____

Section 5: Description of the Alleged Discrimination

Describe the nature of discrimination:

Detailed Description (what happened, when, where, how, and who was involved):

Section 6: Explain in detail what happened, when, and how the alleged discrimination occurred. State who was involved, and how other persons were treated differently.

Section 7: What other information do you think might be helpful to an investigation?

Section 8: Please list below any persons (witnesses, fellow employees, supervisors, or others) who have direct knowledge of the situation that might be able to provide information to support or clarify the complaint:

Name: _____

Phone Number: _____

Street Address or P.O. Box: _____

City: _____

State: _____

ZIP Code: _____

Agency Name: _____

Date Filed: _____

Case/Docket Number: _____

Date of Trial/Hearing: _____

Location of Agency/Court: _____

Investigator: _____

Status of Case: _____

Section 9: Have you or others filed a case or complaint regarding this allegation with any of the following?

- Office for Civil Rights (DOJ)
- Texas Workforce Commission
- Office for Civil Rights and Civil Liberties (DHS)
- Other Federal Agency
- U.S. Equal Employment Opportunity Commission
- Federal or State Court
- Other

If any of the above were selected, please provide the following information:

Name of Agency: _____

Date Filed: _____

Case or Docket Number: _____

Date of Trial/Hearing: _____

Location of Agency/Court: _____

Investigator: _____

Status of case: _____

Section 10: person filing this complaint, if this complaint is being submitted on behalf of another:

Name: _____

Phone: _____

Street Address or P.O. Box: _____

City: _____

State: _____

ZIP Code: _____

Email (Optional): _____

Signature: _____

Date: _____

Submission Instructions:

Email: PSO@gov.texas.gov

Mail: Office of the Governor – Public Safety Office
Grants Administration Director
P.O. Box 12428
Austin, Texas 78701