



OFFICE OF THE GOVERNOR

COMPLAINT VERIFICATION FORM

The purpose of this document 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 OOG or a subrecipient. This document is not intended to be used for complaints about employment 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.

1. Information about the person who experienced the alleged discrimination:

Name: _____
First and Middle (Given Names) Last (Family Name/Surname)

Phone #: Cell/Mobile: _____ Home: _____ Work: _____

Mailing Address: _____
P.O. Box or Street Address City State Zip

Email (optional): _____

2. Information about the person(s) who is alleged to have discriminated:

Name: _____
First and Middle (Given Names) Last (Family Name/Surname)

Phone #: Cell/Mobile: _____ Home: _____ Work: _____

Mailing Address: _____
P.O. Box or Street Address City State Zip

3. Information about the agency or organization involved:

Name: _____

Phone #: _____

Mailing Address: _____
P.O. Box or Street Address City State Zip

4. Are there other individuals or organizations involved in this discrimination complaint?

Yes No

If Yes, please provide their name, address, and telephone number below:

Name	Address	Telephone
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5. Describe the nature of the alleged discrimination involved.

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

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

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	Address	Telephone #
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9. Have you or others filed a case or complaint regarding this allegation with any of the following?

Office for Civil Rights within the Office of Justice Programs, U.S. Department of Justice

Office for Civil Rights and Civil Liberties, U.S. Department of Homeland Security

U.S. Equal Employment Opportunity Commission

Other Federal Agency

Federal or State Court

Texas Workforce Commission

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:

10. Information about the person filing this complaint, if this complaint is being submitted on behalf of another:

Name: _____
First and Middle (Given Names) Last (Family Name/Surname)

Phone #: Cell/Mobile: _____ Home: _____ Work: _____

Mailing Address: _____
P.O. Box or Street Address City State Zip

Email (optional): _____

Signature: _____

Date: _____

You may submit the form by email to: PSO@gov.texas.gov

Or send via U.S. mail to:

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