



Diversity Business Discrimination Complaint for Vendors

The purpose of this form is to provide a vendor employed on a job by the School District of Palm Beach County a means to file a discrimination complaint. Complete this form prior to interview. If space provided is insufficient, attach additional information. Submit the completed form to The School District of Palm Beach County, Office of Diversity in Business Practices, 3300 Summit Blvd., West Palm Beach, FL 33406. Direct all questions to (561) 681-2403

Complainant First Name		Middle Name	Last Name	
Address		City		State Zip Code
Company			Submit Date	
Daytime Telephone	Fax	E-mail		

What was the alleged action taken against your company that you believe to be discriminatory and why? (be specific)

Was the alleged action taken against you as a: Contractor Subcontractor Consultant
 Other _____

This alleged action was taken against you because of: (check all that apply)
 Race Color Gender National Origin Other _____

What is the date of the alleged discriminatory action? _____

Provide the location of the alleged discriminatory action

Diversity Business Discrimination Complaint for Vendors (continued)

Who do you believe may have discriminated against you? (Provide information below)

Name _____ Title _____

Address _____ City _____

State _____ Zip Code _____ Telephone _____

Was the individual identified above representing another company or business? Yes No

If yes, provide the name of the company _____

Company Address

What was the reason given for the adverse action taken against you or your company?

Have you sought assistance regarding your concerns from any Government agency or from any other source?

Yes No If Yes, provide the name of the Governmental entity:

Are you represented on this matter by an attorney? Yes No If Yes, provide name of attorney:

_____ May we contact him/her? Yes No

Signature of Complainant

Date

ODBP OFFICE USE ONLY

Date Received _____

Date Sent to Legal _____

Signature

Date