

On What Basis Do You Feel The Above-Named Person Discriminated Against You? (You must select at least one):

- | | | | | |
|-----------------------------------|--|--|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Political Affiliation or Belief | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Gender expression | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender identity | <input type="checkbox"/> National Origin | <input type="checkbox"/> Race | |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Genetic information | <input type="checkbox"/> Physical or mental Disability | <input type="checkbox"/> Religion | |

Clearly explain why you believe you have been discriminated against by the person(s) listed above. (Attach additional pages as necessary).

What Action Would You Like The Commission To Take (i.e., what remedy are you asking for)?

PART IV - DESIGNATION OF REPRESENTATIVE

Pursuant to Section 5 of Civil Service Rule 20, you may represent yourself in this appeal or choose to be represented by your union or legal counsel in a public hearing. Please indicate how you will be represented. You may change your designation of a representative at a later date, if you so desire, but must notify the Commission no later than five (5) calendar days before your scheduled hearing date.

- I will be representing myself
- I will be represented by my union
- I will be represented by legal counsel
- I am unsure, but will provide notice within the 5-day timeframe stated above

PART V – CERTIFICATION AND SIGNATURE

I certify that all of the statements made in this appeal are true and correct to the best of my knowledge and belief

Signature Of Appellant (Complainant)

Date Signed