



Grievance Submittal Form

Nondiscrimination in CWI Programs

SECTION I. COMPLAINANT INFORMATION

FIRST NAME:

LAST NAME:

EMAIL ADDRESS:

TELEPHONE NUMBER:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

SECTION II. INCIDENT INFORMATION

DATE OF INCIDENT:

DATE OF GRIEVANCE SUBMISSION:

LOCATION OF INCIDENT (Include street crossing, street number, Street, City, State, ZIP)

Please identify the parties harmed or potentially harmed by the alleged discrimination. Use additional pages if necessary.

List the state and/or federal statute(s) or regulation(s) that CWI Programs allegedly violated and detail with specificity the action(s) or inaction(s) by CWI that support the alleged violation. Use additional pages if necessary.

Describe with specificity the action(s) or inaction(s) allegedly resulted in discrimination. Use additional pages if necessary.

SECTION III. CERTIFICATION

I certify under penalty of law that I am familiar with the information submitted and that, based on my experience and inquiry, I believe the submitted information is true, accurate, and complete.

Signature

Date

Print Name

Submit this form with any additional pages to:

Nondiscrimination Compliance Coordinator
Human Resources
CWI Works,
8403 Colesville Rd
Suite 200
Silver Spring, MD 20910

or by email to:

mdaniels@cwiworks.org

CWI Works does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and does not intimidate or retaliate against any individual or group because they have exercised their rights to participate in or oppose actions protected by applicable laws and regulations, or for the purpose of interfering with such rights, and claims of intimidation and retaliation will be handled promptly if they occur.