Rappahannock Rapidan Community Services

Discrimination Complaint Form

COMPLAINANT CONSENT/RELEASE FORM

Your Name: _____

Address: _____

_____

Telephone: Home: (____)_____ Work or Cell: (____)_____

Complaint number(s): (if known) _____

Please read the information below, check the appropriate box, and sign this form.

As a complainant, I understand that in the course of an investigation it may become necessary for the RRCS Human Resources Department to reveal my identity to persons at the program or department, or to an individual under investigation. I understand that it may be necessary for the RRCS Human Resources Department to disclose information, including personally identifying details, which it has gathered as a part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by the RRCS Human Resources Department's regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes enforced by the RRCS Human Resources Department.

CONSENT/RELEASE

☐ CONSENT - I have read and understand the above information and authorize the Human Resources Department to reveal my identity to persons at the program or department, or to the individual under investigation. I hereby authorize the Human Resources Department to receive, review, and discuss material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, personal and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and do so voluntarily.

☐ CONSENT DENIED - I have read and understand the above information and do not want the Human Resources Department to reveal my identity to the program or department, or to the individual under investigation, or to review, receive copies of, or discuss material and information about me, pertinent to the investigation of my complaint. I understand this is likely to impede the investigation of my complaint and may result in the closure of the investigation.

_____ _____

SIGNATURE DATE