

Ohio Department of Job and Family Services  
**INSTRUCTIONS FOR COMPLETING JFS 02333  
DISCRIMINATION COMPLAINT**

**Box 1.** Name of complaint, last, first, middle initial and home address;

**Box 2.** Complainant's office telephone number;

**Box 3.** Complainant's home telephone number;

**Discrimination:** A biased action often based on prejudicial attitudes against an individual or group characterized by race, sex, national origin, disability, color, religion, age that results in unequal treatment.

**Box 4a.** Check the area(s) in which you believe you have been discriminated against based on race, color, religion, sex, national origin, disability, age, political belief (Food Stamps only), political affiliation or belief and citizenship/participation statuses (WIOA Program only.)

**Box 4b.** Provide the program and/or services area(s) applicable to your complaint;

**Box 5.** Provide your race;

**Box 6.** Provide your ethnicity;

**Box 7.** Provide your sex;

**Box 8.** Provide the name and county of the agency you believe has discriminated against you;

**Box 9.** Provide the location of the agency you believe has discriminated against you;

**Box 10.** Provide the name(s) and title(s) of the person(s) you believe has discriminated against you;

**Box 11.** Provide the date of the alleged discrimination;

**Box 12.** Provide the working/training site where you were located (if applicable);

**Box 13.** Provide an explanation of how you believe you were discriminated against;

**Box 14.** The date you filed the complaint;

**Box 15.** Provide a signature for the complaint.

**For Office Use Only**

The Ohio Department of Job and Family Services, Bureau of Civil Rights will complete this section.