THE SCHOOL DISTRICT OF PALM BEACH COUNTY

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 Forest Hill Blvd., A-106, West Palm Beach, Fl 33406. Direct all questions to (561) 434-8508.

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 ☐ Sex ☐ 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 or explanation 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