



## File a Grievance

Complaints or grievances should be filed within 60 days of the incident and should contain information about the alleged discrimination. **You will be contacted within 15 days after receipt of grievance.**

The use of this grievance process as a means to achieve a prompt and equitable resolution shall not impair the complainant's pursuit of other remedies, such as filing a complaint with responsible federal and state agencies and it not a prerequisite to pursuing other remedies with outside agencies.

\*You must provide a phone number or email address so we can contact you and process your request.

Date:

\*Name of Complainant:

\*Address:

\*City:

\*State:

\*Zip

\*Phone:

Email Address:

**This grievance is regarding:**

AGO Website

AGO Facility

AGO Sponsored Program

Service

**Please provide a detailed description of the incident.**

**What could we have done to improve your experience?**

**Privacy notice, disclaimer and signature**

Some or all of the information submitted on this form may constitute a public record. By selecting I agree below, you acknowledge that your request, once submitted, may become a public record subject to review by the Attorney General's Office for applicable restrictions on disclosure.

I agree

Name: