

Form 3  
(Section 9)

APPLICATION FOR REMEDY FOR DISCRIMINATORY ACTION

Name of Applicant \_\_\_\_\_

Address and Phone Number of Applicant \_\_\_\_\_

Status of Applicant (i.e. Employee, etc.) \_\_\_\_\_

Name of Respondent \_\_\_\_\_

Address and Phone Number of Respondent \_\_\_\_\_

The Applicant Hereby Alleges That,

1. On or about (Date of Alleged Violation)
  
2. The Respondent did (Brief Statements of Facts)

The Applicant requests the Board to (State Remedy Sought)

\_\_\_\_\_  
Signature of Applicant