

Discrimination Report

Date: [Insert Date]

To: Human Resources Department

From: [Your Name]

Subject: Report of Discrimination

Details of the Incident

Date of Incident: [Insert Date]

Location: [Insert Location]

Individuals Involved: [List Names and Positions]

Description of the Incident

[Provide a detailed description of the incident, including what occurred, how it made you feel, and any witnesses present.]

Impact of the Incident

[Explain how the incident has affected you personally or professionally.]

Desired Resolution

[State what outcome you are seeking from this report, such as an investigation, mediation, or policy changes.]

Supporting Evidence

[List any documentation or evidence you have to support your claims, such as emails, photos, or witness statements.]

Contact Information

Email: [Your Email]

Phone Number: [Your Phone Number]

Thank you for addressing this serious matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Job Title]