

# Discrimination Claim Submission

**Your Name:** [Your Name]

**Your Address:** [Your Address]

**City, State, Zip:** [City, State, Zip]

**Email:** [Your Email]

**Phone Number:** [Your Phone Number]

**Date:** [Date]

## To Whom It May Concern,

I am writing to formally submit a discrimination claim against [Company/Organization Name] regarding an incident that occurred on [Date of Incident]. I believe I have been discriminated against based on [the specific basis of discrimination, e.g., race, gender, age, etc.].

Details of the incident:

- **Date of Incident:** [Date]
- **Location:** [Location]
- **Names of individuals involved:** [Names]
- **Description of the incident:** [Description]

This behavior is contrary to [reference any relevant laws, policies, or procedures]. I have attached supporting documentation, including [list any attached documents, e.g., emails, witness statements, etc.].

I request that this claim be investigated thoroughly and that appropriate actions be taken to address this situation. I look forward to your prompt response regarding this matter.

Thank you for your attention to this serious issue.

Sincerely,

[Your Name]