

Return completed form to:
Ombudsman, Office of the Mayor
555 South 10th Street, Suite 208
Lincoln, NE 68508

You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used.

1. * State your name and address.

Name: _____
Address: _____
_____ zip _____
Telephone No: _____

2. * If you are filing on behalf of another person, include their name and address:

Name: _____
Address: _____
_____ zip _____
Telephone No: _____

Please explain your relationship to this person (e.g. friend, attorney, parent, etc).

3. * Please describe how, why, and when you believe you were discriminated against. Include as much background information as possible about the alleged act(s) of discrimination. Include names of individuals whom you allege discriminated against you, if you know them.

4. Please list any persons, if known, whom we may contact for additional information to support or clarify your complaint.

Name, address, and telephone numbers:

5. Do you have any other information that you think is relevant to our investigation of your allegations? Please use additional sheets if necessary or attach a copy of written materials.

—

6. What resolution are you seeking for this particular situation?

—

—

7. * We cannot accept a complaint if it has not been signed. Please sign and date this complaint below.

(Signature)

(Date)