Exhibit 1

DISCRIMINATION / HARASSMENT COMPLAINT FORM

Date: ________________________________

Complainant:

Address:

Email address: __________________________________________________________

Phone: (home)______ (work)______ (cell)______

Name(s) of person(s) accused of wrongdoing: ________________________________

Describe all actions of person(s) named above. Be as detailed as possible; include the date, time and place of each event(s) or conduct involved. Attach additional pages, if needed.

_____________________________________________________________________
_____________________________________________________________________

Why do you think the person(s) treated you this way? __________________________

_____________________________________________________________________

What effect has this had on you? __________________________________________

_____________________________________________________________________

Names of witnesses to the above-described events. Include phone number(s), if known.

_____________________________________________________________________
_____________________________________________________________________

Names of anyone with whom you discussed the above-described events.

Include phone number, if known. __________________________

_____________________________________________________________________

How would you like this matter resolved? __________________________

_____________________________________________________________________

Complainant Signature: ____________________________________________