



<b>Section IV (Continued):</b>	
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
<b>Signature and Verification:</b>	
I declare under penalty of perjury that the information given herein is true and correct to the best of my knowledge, information, and belief. I understand a willful false statement is punishable by law and, if an employee of ALEA, will result in disciplinary action up to and including the termination of my employment.	
_____	_____
Complainant Signature	Date

If you have any questions or concerns prior to completing this form please contact the EEO/Civil Rights Compliance Program Coordinator, Keisha Crenshaw, at (334) 517-2916. Persons with disabilities can use the same number to request accommodations in accessing information and/or filing a complaint.

Completed forms may be submitted by mail, fax, or e-mail using the information below.

**Mailing Address:** Alabama Law Enforcement Agency (ALEA)  
ALEA Personnel Division - Civil Rights Compliance Program Coordinator  
P.O. Box 304115  
Montgomery, AL 36130-4115

**Fax Number:** (334) 353-0900

**E-Mail:** [personnel@alea.gov](mailto:personnel@alea.gov)

**Prohibition of Retaliation:** ALEA prohibits retaliation against any individual who reports discrimination or harassment or participates in an investigation of such reports. ALEA employees engaging in such misconduct will be subject to disciplinary action up to and including the termination of his/her employment.