



Today's Date: _____

Name: _____

Mailing Address: _____

Phone Number: _____ - _____ - _____ Email: _____

Status: (Check one) IRSC Employee IRSC Student
IRSC Applicant Other (please specify): _____

Indicate the ground(s) on which you are making your claim: (2) ~~1. Military Service~~ ~~2. Disability~~ ~~3. Age~~ ~~4. Race~~ ~~5. Sex~~ ~~6. Religion~~ ~~7. National Origin~~ ~~8. Ethnicity~~ ~~9. Pregnancy~~ ~~10. Sexual Orientation~~ ~~11. Veteran Status~~ ~~12. Genetic Information~~ ~~13. Sexual Misconduct (Sexual Assault, Sexual Battery and Other Crimes of violence)~~

	National Origin	Veteran Status
Genetic Information	Ethnicity	Sex
Sexual Orientation	Pregnancy	Sexual Misconduct (Sexual Assault, Sexual Battery and Other Crimes of violence)



