U.S. Department of Justice
Civil Rights Division
Coordination and Review Section

Sept 2 2008 4:08

COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the Coordination and Review Section. 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: [redacted]

Address: [redacted]

Telephone No: Home: [redacted] Work: [redacted]

2.* Person(s) discriminated against, if different from above:

Name: Waden Supply Co Inc / Veteran owned - Ser. Cond.
Address: 1401 E 5th Apt 4 Zip 27101-3350
Telephone: Home: (336) 721-0308 Work: (336) 721-0308

Please explain your relationship to this person(s).
[redacted] of Waden Supply Co Inc. Service Connected - Disable.

3.* Agency and department or program that discriminated:

Name: Winston-Salem Forsyth County Thomas WT Pimpronedo
Any individual if known: Chris Moran VP
Address: 50. Joy Dr. S. Burlington. Vt.
Zip 05403
Telephone No: (1800) 760-7607 ext 1245

OMB No. 1190-0008
Expires: 07/31/2010

Sep 2, 2008

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4A.* Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

✓ Race/Ethnicity: _____

____ National origin: _____

✓ Sex: _____

____ Religion: _____

____ Age: _____

✓ Disability: [redacted]

4B.* Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

____ Race/Ethnicity: _____

____ National origin: _____

____ Sex: _____

____ Religion: _____

____ Age: _____

____ Disability: _____

5. What is the most convenient time and place for us to contact you about this complaint?

Any time. I work from my home

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

[redacted]

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7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: Ko

Address: _____

_____ Zip _____

Telephone No: (____)_____

8.* To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: July 24.08

Most recent date of discrimination: Aug 20 08

9. Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

N/A

10.* Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

Please see bid document. 5 female Waden Supply Co Inc. was not considered from bid time and ar to now for goods + service to this project

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Weden Supply product to plans + specification to projects for owner use only.

Please enclose

11. The laws we enforce prohibit recipients of Department of Justice funds from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #10), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

Please see enclose

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12. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name	Address	Area Code/Telephone
[redacted]		

13. Do you have any other information that you think is relevant to our investigation of your allegations?

See enclose

14. What remedy are you seeking for the alleged discrimination?

I have to report this kind of conduct to proper authority. I must proceed from there

15. Have you (or the person discriminated against) filed the same or any other complaints with other offices of the Department of Justice (including the Office of Justice Programs, Federal Bureau of Investigation, etc.)?

Yes ____ No ✓

If so, do you remember the Complaint Number?

_____

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Against what agency and department or program was it filed?

N/A

Address: _____

_____ Zip _____

Telephone No: (____)_____
Date of Filing: _____ DOJ Agency:_____

Briefly, what was the complaint about?

Warden not getting his share of the business

What was the result?

_____

_____

16. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

_____ U.S. Equal Employment Opportunity Commission

_____ Federal or State Court

_____ Your State or local Human Relations/Rights Commission

_____ Grievance or complaint office

17. If you have already filed a charge or complaint with an agency indicated in #16, above, please provide the following information (attach additional pages if necessary):

Agency: N/A

Date filed: _____

Case or Docket Number: _____

Date of Trial/Hearing: _____

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Location of Agency/Court: N/A

Name of Investigator: _____

Status of Case: _____

Comments:

_____

_____

_____

18. While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Department of Justice funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

I don't know

_____

_____

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

Waden Sussex Co Inc

[redacted]

Please feel free to add additional sheets to explain the present situation to us.

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We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person.) See the "Notice about Investigatory Uses of Personal Information" for information about the Consent Form. Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

United States Department of Justice
Civil Rights Division
Coordination and Review Section - NWB
950 Pennsylvania Avenue, NW
Washington, D.C. 20530

Toll-free Voice and TDD: (888) 848-5306
Voice: (202) 307-2222
TDD: (202) 307-2678

20. How did you learn that you could file this complaint? Weden Supply Co. have sold Products to DOD. I knew the rules and regulations

21. If your complaint has already been assigned a DOJ complaint number, please list it here: N/A

If a currently valid OMB control number is not displayed on the first page, you are not required to fill out this complaint form unless the Department of Justice has begun an administrative investigation into this complaint.

I. [redacted]

Weden Supply Co Inc. and own by a service connected Disable Veteran do you power to use my name for the purpose of this investigation.
Sincerely,

[redacted]

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