Roy Cooper, Governor Erik A. Hooks, Secretary Robert Evans, Chairman Caroline C. Valand, Executive Director

CONSENT FORM – TO ACCOMPANY DISCRIMINATION COMPLAINT

Complainant's Name (print or type):
Agency/Individual Against Which the Complaint is Filed:
The Governor's Crime Commission will not tolerate unlawful discrimination from within, nor will it stand for unlawful discrimination by recipients and subrecipients at any tier of the federal monies it allocates through grants. We need your assistance in identifying unlawful discrimination and we request your consent to disclose your name and personal information should it become necessary for an investigation. Thus, we will need a signed <i>Consent Form</i> from you and if you are filing this complaint for a person whom you allege has been discriminated against, we would request a signed <i>Consent Form</i> from that person as well.
Notice on Investigatory Use of Personal Information To investigate your complaint, the Governor's Crime Commission may need to collect and analyze personal information such as financial documents or employment records. Though no law requires you to give personal information to the Governor's Crime Commission, if the Governor's Crime Commission is unable to obtain information needed to investigate, the investigation into your complaint may have to be closed.
The information the Governor's Crime Commission collects is analyzed by authorized personnel within the agency and will only be used for civil rights compliance activities and investigations. However, in order to respond to a complaint, the Governor's Crime Commission may need to reveal certain information to persons outside the agency to verify facts or gather additional information. Such details could include the age or physical condition of a complainant. Also, the Governor's Crime Commission may be required to reveal information pursuant to a Public Records request.
The Governor's Crime Commission does not generally reveal the complainant's name or other identifying information unless it is necessary for completion of an investigation. The Governor's Crime Commission will keep the identity of complainants confidential unless disclosure is necessary for investigation purposes or is required by law.
Statement of Understanding and Consent to Use Personal Information By signing below, I attest that I fully understand and agree to the following:
I have read and understand the Notice on Investigatory Use of Personal Information. I understand that personal information having to do with me and my complaint may be disclosed by the Governor's Crime Commission. I will cooperate with the Crime Commission's investigation and complaint resolution activities undertaken on my behalf.
I give the Governor's Crime Commission my consent to reveal my identity and personal information to the agency and/or persons(s) that are alleged to have discriminated, as well as any other persons and entities that the Governor's Crime Commission finds it necessary to share information with.
(Signature) (Date)

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Please mail the signed *Consent Form* and the completed and signed *Discrimination Complaint Form* (please make one copy of each for your records) to the Governor's Crime Commission:

ATTN: Discrimination Complaint Coordinator North Carolina Governor's Crime Commission 1201 Front Street, Suite 200 Raleigh, NC 27609