

## Community Relations Commission

### Discrimination Complaint Form

#### Personal Information

Please provide the most accurate information for how you can be reached by mail, phone, or email. Please remember, it is your responsibility to contact the Commission to update any of the following information.

1. Full Legal Name: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

3. City, ZIP: \_\_\_\_\_

4. Preferred Phone Number: \_\_\_\_\_

5. Email Address: \_\_\_\_\_

6. Have you filed this complaint with any other agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what agency? \_\_\_\_\_

If yes, when did you file? \_\_\_\_/\_\_\_\_/\_\_\_\_

7. My complaint of discrimination is in the area of

- Employment
- Public Accommodation
- Housing

8. My complaint of discrimination is based on my

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|--|--|
| <input type="checkbox"/> Race                          | <input type="checkbox"/> Age             |
| <input type="checkbox"/> Sex                           | <input type="checkbox"/> Disability      |
| <input type="checkbox"/> Sexual Orientation            | <input type="checkbox"/> Familial Status |
| <input type="checkbox"/> Gender Identity or Expression | <input type="checkbox"/> Military Status |
| <input type="checkbox"/> Color                         |  |
| <input type="checkbox"/> Religion                      |  |
| <input type="checkbox"/> Ancestry                      |  |
| <input type="checkbox"/> National Origin               |  |



9. Last date you believe you were discriminated against: \_\_/\_\_/\_\_\_\_

10. Do you have any special accommodations that the Commission should know about? In specific, please list any accommodation the Commission can make for communicating with you or in the circumstance that an in-person interview would take place.

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### Respondent Information

The respondent is the employer or organization that allegedly engaged in discriminatory action. Please list the following information to the best of your knowledge.

11. Name of Respondent: \_\_\_\_\_

12. Respondent Street Address: \_\_\_\_\_

13. Respondent City, ZIP: \_\_\_\_\_

14. Respondent Phone Number: \_\_\_\_\_

15. Name and title of individual you believe discriminated against you:

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16. IF EMPLOYMENT – Number of employees employed by respondent: \_\_\_\_\_

### Complaint Detail

17. IF EMPLOYMENT - Date of Hire: \_\_/\_\_/\_\_\_\_

18. Please provide a brief but detailed description of the alleged discriminatory action and the events leading up to it. Please describe why you believe this action was taken because of your belonging to a protected class. (If more space is needed, please attach additional





19. If any, what reason were you given for this action? When was this reason given to you and by whom?

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20. To your knowledge, have other people been treated more favorably in similar circumstances? Have other people been treated the same way in similar circumstances?

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I have reviewed the information listed and confirmed that the information I provided on this form is true to the best of my knowledge.

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Signature

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Date

