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
   □ Race
   □ Sex
   □ Sexual Orientation
   □ Gender Identity or Expression
   □ Color
   □ Religion
   □ Ancestry
   □ National Origin
   □ Age
   □ Disability
   □ Familial Status
   □ Military Status
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.

___________________________________________________________________________

___________________________________________________________________________

**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:

___________________________________________________________________________

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

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

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?

___________________________________________________________________________

___________________________________________________________________________

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

_____________________________   __________________
Signature                    Date