Woodstock Human Rights Commission: Complaint Form

CONTACT INFORMATION:
Name: _______________________________________________________
Address: _______________________________________________________________
Town: ______________________ State: _____ Zip: _______________
My email address: ___________________________________________________________

My phone number:  *Can we leave a message? _________________________________
home phone (______) - ______ - _______
work phone (______) - ______ - _______
cell phone (______) - ______ - _______
other (______) - ______ - _______

What is the BEST way to contact you? ____________________________________________
What are the BEST times of day/night to reach you? ________________________________

SPECIAL NEEDS:  I need...
 a) A translator (if so, what language?) ______________________________
 b) Accommodations for a disability ______________________________

Date of Incident(s): When?
_____________________________________________________________________
_____________________________________________________________________

Location of Incident(s): Where?
_____________________________________________________________________
_____________________________________________________________________


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Description of Incident: Who? What happened? Why?

Please tell us more about each act of discrimination that you experienced (include dates and names of people involved). *Additionally, please tell us why you think it was discriminatory.

PLEASE PRINT OR TYPE CLEARLY

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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**If you need more space to write, please continue writing on a separate piece of lined paper AND attached it to this form. PLEASE DO NOT WRITE ON THE BACK OF THIS FORM.
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Resolution:
What would you like to see happen to resolve your issue? Please explain.
_________________________________________
_________________________________________
___________________________________________________________________________________

Signature: ________________________________ Today’s Date: ______________
Print Name: ______________________________

(For WHRC Notes Only)
Date Received: ______________________________
By Whom: ________________________________
Next Steps: __________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Private & Confidential