

# 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?

\_\_\_\_\_  
\_\_\_\_\_

# Woodstock Human Rights Commission: Complaint Form

## 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**

\*\*If you need more space to write, please continue writing on a separate piece of lined paper AND attach it to this form. PLEASE DO NOT WRITE ON THE BACK OF THIS FORM.

# Woodstock Human Rights Commission: Complaint Form

**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: \_\_\_\_\_

---

---