

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

[illegible]

****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: _____
