



## COMPLAINT SUBMISSION FORM

Date of Submission: \_\_\_\_\_ Submitted Via:    Email    US Mail    Fax    In Person

**PERSON FILING COMPLAINT:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PERSON(S)/BUSINESS FILING COMPLAINT AGAINST:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**INCIDENT DESCRIPTION:** please provide a concise statement of facts, including pertinent dates, times, locations, people and acts involved constituting the alleged discriminatory practice. *(attach additional page(s) as needed)*

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**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**FOR BOROUGH USE ONLY**

**Date Complaint Received**

**Date Forwarded to Commission**

**Staff Signature**

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\_\_\_\_\_

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