

TRAVERSE CITY HUMAN RIGHTS COMMISSION  
400 Boardman Avenue  
Traverse City, MI 49684

COMPLAINT FORM

Anyone in the Traverse City area who believes she/he has been discriminated against on the basis of religion, race, color, national origin, age, sex, marital status, sexual orientation, height, familial status, weight, arrest record, or handicap may file a formal Report of discrimination with the Human Rights Commission.

We also encourage you to submit a complaint to the State of Michigan Department of Civil Rights (MDCR). Its Traverse City representative can be reached at 616-356-0380. The Department of Civil Rights does not have jurisdiction over sexual orientation. The filing of a complaint with the Human Rights Commission has no effect on the statute of limitations for filing a complaint with the MDCR. You must still file a separate complaint with that agency within the appropriate time frame of the alleged discriminatory action.

By submitting this report you enable us to make every effort to assist you where possible. Most importantly, reports of discrimination help us focus our efforts to educate the community on issues of human rights and thereby work to prevent such violations from occurring in the future.

Please note that as a government body, we are bound by the Freedom of Information Act to allow public access to this information upon request.

If you need assistance in completing this form, please call the Human Rights Commission at 922-4481.

Please print all information legibly.

Today's Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Information on person, employer, or organization whom you are complaining against.

Name of Organization: \_\_\_\_\_

Name of Person Accused of Discriminatory Action: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Cause of Discrimination based on (check all that apply):

\_\_\_\_\_ race \_\_\_\_\_ color \_\_\_\_\_ sex \_\_\_\_\_ religion \_\_\_\_\_ national origin

\_\_\_\_\_ age \_\_\_\_\_ sexual orientation \_\_\_\_\_ other (specify)

Date most recent discrimination took place (month/day/year): \_\_\_\_\_

Details of the discriminatory action/s (if additional space required, attach extra sheets). Include:

- What happened \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Dates of occurrences \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_