

Contact Number 2:

Name: _____
(First) (Middle) (Last)

Email Address: _____

Mailing Address: _____
(Street Address) (City) (State) (Zip Code)

Daytime Phone #: _____ Evening Phone #: _____

Best Time to Call: _____

Your Complaint Information:

What happened to you?

Provide a specific and detailed description of the decision(s) or action (s) including the date (or date range) which is alleged to have constituted unlawful discrimination under the Town's NDO. Describe the harm alleged to have occurred, or which will occur, because of the alleged discrimination.

Why do you believe you are being discriminated against (check all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> National origin or ancestry |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Marital or familial status |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religious belief or non-belief |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Age |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Gender identity or expression | <input type="checkbox"/> Veteran status |
| <input type="checkbox"/> Other _____ | |

What is a brief explanation of why you think your rights were denied because of any factors listed above?

Who do you believe discriminated against you?

Name: _____
(First) (Middle) (Last)

Email Address: _____

Mailing Address: _____
(Street Address) (City) (State) (Zip Code)

Entity Name: _____

Others: _____

Others: _____

Who do you believe was subjected to, or potentially impacted by the alleged discrimination (attach additional sheets if necessary)?

Impacted Party 1:

Name: _____
(First) (Middle) (Last)

Email Address: _____

Mailing Address: _____
(Street Address) (City) (State) (Zip Code)

Impacted Party 2:

Name: _____
(First) (Middle) (Last)

Email Address: _____

Mailing Address: _____
(Street Address) (City) (State) (Zip Code)

Where did the act of discrimination occur?

Address: _____
(Street Address) (City) (State) (Zip Code)

When did the last act of discrimination occur?

Date: _____

Is the alleged discrimination continuous/on-going?

Yes

No

Your Verification:

I, the undersigned, hereby certify that the foregoing information is true and correct and based on my personal knowledge.

Executed on _____, 20____.
(month) (day) (year)

Printed Name: _____
(First) (Middle) (Last)

Signature: _____