CITY OF TRAVERSE CITY

Human Rights Commission

HRC

TRAVERSE CITY HUMAN RIGHTS COMMISSION

400 Boardman Avenue Traverse City, MI 49684

COMPLAINT FORM

Anyone in the Traverse City area who believes they have been discriminated against on the basis of race, color, religion, national origin, sex, age, height, weight, marital status, physical or mental disability, family status, sexual orientation, or gender identity may file a written report of discrimination with the Human Rights Commission.

We also encourage you to submit a complaint to the appropriate local, state or federal agency. Please be aware that a statute of limitation may apply to your complaint, which will not be satisfied by the filing of a complaint with the Human Rights Commission. The filing of a complaint with the Human Rights Commission has no effect on the statute of limitations for filing a complaint or any other requirements of any court or administrative agency. You must file a complaint with the appropriate court or agency within the appropriate time frame of the alleged discriminatory action. Please consult an attorney for any legal questions as this body does not provide legal advise.

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. All meetings of the Human Rights Commission are open to the public. Meetings are held on the second Monday of each month at 5:30 p.m at 400 Boardman Ave, Traverse City, MI 49684. You can find the most up to date information including agendas on the City of Traverse City website.

If you need assistance in completing this form, please call the Human Resources Director for the City of Traverse City at (231) 922-4407.

Next Steps: Your complaint will be received by Human Resources staff for the City of Traverse City. It will also be shared with the Human Rights Commission. A representative of the Human Rights Commission will reach out to you regarding your complaint. All complaints that are not related to the City of Traverse City or outside its jurisdiction will be directed to the appropriate jurisdiction.

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File a Complaint:

Contact Information:

Are you filing for yourself or on behalf of someone else? ☐ **Yes** ☐ **No**
If yes, please explain relationship to complainant:

_____

Complainant Name: _____ Date: _____

Address:_____

City, State and Zip Code:_____

Telephone: _____Email: _____

Complaint Details:

Information on person, employer, or organization whom your are complaining against:

Name of Person/Organization:_____

Address:_____

City, State and Zip Code:_____

Telephone: _____Email: _____

Date(s) of incident(s): _____

Location of the incident: _____

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

Adopted: 07-13-2026

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How do you think the City of Traverse City Human Rights Commission can assist you? (if additional space required, attach extra sheets)

Are the any attachments or additional documents included this complaint? ☐ **Yes** ☐ **No**

Your Signature: I declare and affirm that I have read this complaint (including any attachments) and that it is true and correct to the best of my recollection.

Signature:_____

Print Name:_____ Date:_____

Please reach out to Human Resources Director for the City of Traverse City at (231) 922-4407 with any questions.