

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 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. You should immediately seek the advice of an attorney in order to avoid missing any deadlines under a statute of limitation. 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.

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 231-922-4481.

Please print all information legibly.

Your Name: _____ Date: _____

Address: _____ Telephone #: _____

City, State and Zip Code: _____

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

Name of Organization: _____

Name of Person Accused of Discriminatory Action: _____

Address: _____ Telephone: _____

City, State and Zip Code: _____

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

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

- What happened: _____

- Date(s) of occurrences: _____
