

CHARLESTON HUMAN RIGHTS COMMISSION
915 QUARRIER STREET, STE. 2, CHARLESTON, WV 25301
PHONE (304) 348-6880; email hrc@cityofcharleston.org

Public Accommodations Complaint Background Form

Please fill in each blank to the best of your ability and return to the Human Rights Commission.
If there is no answer to be given in blank space write N/A.

_____ Date _____ Case Number Assigned

1. Your **Full** name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ DOB: _____

The following person(s) always know where to contact me:

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Relationship to you: _____

Who is your employer?

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Unemployed? _____

2. Was the discrimination because of:

- A. Race/Color: _____
- B. Religion: _____
- C. Sex: _____
- D. National Origin/Ancstry: _____
- E. Age: (40-65) _____
- F. Handicap: _____
- G. Blindness: _____
- H. Sexual Orientation _____

I am _____
(Give race, sex, age, religion, etc. as it specifically applies to your case only)

3. Who discriminated against you? Date of incident: _____

- A. Nightclub _____
- B. Restaurant _____
- C. Recreation _____
- D. School _____
- E. Government Agency (Except Federal Government) _____
- F. Bank or Lending Agency _____
- G. Store(s) _____
- H. Other (Specify) _____

Where did the discrimination take place?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

4. Name(s) and title(s) of person(s) who discriminated (if you know them).

5. Other agencies contacted regarding this complaint:

Public Accommodations Complaint (3)

6. Other action started concerning complaint:

7. Description of incident: **(Describe in detail what happened, including dates, places and people involved and why you believe it was discrimination.)** Use back of sheet if additional space is needed

8. To settle your complaint what do you want?

Please be as complete as possible in answering all of the above questions. The more information you can provide us, the better we can serve you and the many other person(s) who have filed complaints. Please sign below:

Signature or mark of complainant

Date: _____

Witness Signature

Date: _____

STATE OF WEST VIRGINIA
COUNTY OF KANAWHA, To wit:

I, _____, a Notary Public in and for said County and State,
do hereby certify that _____, who signed the foregoing
writing bearing date, the _____ day of _____, 20 _____, has this
day before me in my said county, acknowledged the same before me.

Given under my hand this the _____ day of _____, 20 _____.

My Commission expires _____

Notary Public