

**ANN ARBOR HUMAN RIGHTS COMMISSION
DISCRIMINATION COMPLAINT and/or REQUEST FOR INFORMATION**

Mail to: Ann Arbor Human Rights Commission
301 E. Huron Street, PO Box 8647
Ann Arbor, Michigan 48107-8647

or

Bring to: City Clerk's Office
Larcom City Hall, 301 E. Huron Street
Ann Arbor, Michigan 48107-8647

HRC Case No.
Date Received

HRC@a2gov.org
734-794-6141 (voice mailbox)

I. DISCRIMINATION COMPLAINT

COMPLAINANT

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail Address: _____

RESPONDENT

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail Address: _____

THIS COMPLAINT CONCERNS:

Employment Housing Public Accommodations Other (please specify): _____

IN REFERENCE TO *(check all that apply):*

- | | | |
|--|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Arrest Record | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Sex (including pregnancy) |
| <input type="checkbox"/> Color | <input type="checkbox"/> Height | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> HIV Status | <input type="checkbox"/> Source of Income |
| <input type="checkbox"/> Educational Association | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Familial Status | <input type="checkbox"/> National Origin | <input type="checkbox"/> Victim of Domestic Violence/Stalking |
| <input type="checkbox"/> Family Responsibilities | <input type="checkbox"/> Political Beliefs | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Race | <input type="checkbox"/> Other (including retaliation) |

EXPLAIN WHAT WAS DONE THAT YOU BELIEVE WAS DISCRIMINATORY *(Continue on the reverse side or attach additional information, if you would like to.):*

I believe I was discriminated against on or about _____ (date) when

I believe that the information contained here is true.

Signature of complainant or authorized representative _____ Date signed _____

II. REQUEST FOR INFORMATION

Whether or not you wish to file a complaint at this time, if you would like information from the Ann Arbor Human Rights Commission, please include your contact information in the complainant section above and briefly describe your request on the reverse side of this form or contact the Human Rights Commission at the e-mail address or phone number provided above. *(Attach any additional documents that you would like.)*