



HUMAN RELATIONS COMMISSION

Established July 3, 1967



PLEASE PRINT
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HUMAN RELATIONS COMMISSION COMPLAINT FORM

Name: _____ Age _____

Address: _____

Phone Number: (Home) _____ (Work) _____

Nature of Complaint: _____

Date and Time of Incident: _____

Individuals involved. Please list names and addresses if possible: _____

Location of Incident: _____

Please describe incident as completely as possible:

(ATTACH AN ADDITIONAL SHEET IF NEEDED)

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Investigative Results: _____

Final Disposition _____

Date When Resolved: / / / _____

SIGNATURE: _____

DATE RECEIVED: / / _____