

BEREA, KY HUMAN RIGHTS COMMISSION

DISCRIMINATION COMPLAINT FORM (PRELIMINARY INTAKE)

Please complete the below complaint form to alert the Berea Human Rights Commission (HRC) of discriminatory actions in our community and/or to initiate a formal discrimination complaint process with the HRC. This information will be reviewed by all members of the Berea Human Rights Commission and will serve as a preliminary intake step of the formal complaint process.

COMPLAINANT INFORMATION

Name: _____

Age: _____ Sex: _____ Race: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Additional Information You Would Like to Share: _____

PRELIMINARY COMPLAINT INFORMATION

Date(s) and/or Duration of Incident(s): _____

Please describe the Facts and Allegations:

Who was at-fault for the Discriminatory Action? _____

Do you believe that the discriminatory action was based on any of the following (check any that apply):

<input type="checkbox"/> Age	<input type="checkbox"/> Sex	<input type="checkbox"/> National Origin
<input type="checkbox"/> Race	<input type="checkbox"/> Religion	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Skin Color	<input type="checkbox"/> Disability	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Familial Status		_____

Where did the discriminatory action take place (Work? Property address? School? Neighborhood?):

Thank you for reaching out to the Berea Human Rights Commission to file your complaint.