



COMPLAINT SUBMISSION FORM

Date of Submission: _____ Submitted Via: Email US Mail Fax In Person

PERSON FILING COMPLAINT:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Telephone: _____ Fax: _____

PERSON(S)/BUSINESS FILING COMPLAINT AGAINST:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Telephone: _____ Fax: _____

INCIDENT DESCRIPTION: please provide a concise statement of facts, including pertinent dates, times, locations, people and acts involved constituting the alleged discriminatory practice. *(attach additional page(s) as needed)*

Signature _____

Date _____

FOR TOWNSHIP USE ONLY

Date Complaint Received

Date Forwarded to Commission

Staff Signature
