

**HUMAN RIGHTS COMMISSION
OF
THE CITY OF MORGANTOWN, WEST VIRGINIA**

COMPLAINT FORM

**THE HUMAN RIGHTS COMMISSION DOES NOT REPRESENT ANY PARTY IN THIS DISPUTE.
THIS IS NOT A CONFIDENTIAL DOCUMENT.**

Please be advised that upon proper request, a copy of this questionnaire, containing answers and any statements you provide may be released to the person or firm you allege discriminated against you. Any documents attached to this form should be copies, not originals. Once submitted, this is an official record of the Human Rights Commission. If you do not receive acknowledgement of your complaint within 14 calendar days from the date of filing, please contact the Human Rights Commission at (304)225-3582 or the Morgantown City Manager's office at (304) 284-7405.

PLEASE FILL IN EACH BLANK TO THE BEST OF YOUR ABILITY AND RETURN TO THE HUMAN RIGHTS COMMISSION. If a section does not apply to your complaint, please indicate that it is not applicable by marking "N/A."

DATE

DATE OF INCIDENT

COMPLAINANT

Full name _____

Street Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____ **Date of Birth** _____ **Age** _____

Email _____

Best Time(s) of Day to Contact You _____

If applicable: Sex _____ **Gender** _____ **Race** _____ **Familial Status** _____

Veteran Status _____ **Disability** _____ **Religion** _____

This Complaint Concerns:

Employment **Housing** **Public Accommodations** **Other (please specify)** _____

RESPONDENT

Name of Individual/Organization/Agent/Place of Public Accommodations

Address _____ Phone _____

City _____ County _____ State _____ Zip _____

Email _____

Date you began employment _____ Date employment terminated _____

If your employment has been terminated, please attach any documentation of termination such as a letter or memorandum. If you left your employment voluntarily, please state your reasons on the attached page.

Total number of company employees _____

NOTE: Please include all Company branches within the City of Morgantown in your count. The City of Morgantown Human Rights Ordinance only applies to Employers with twelve (12) or more employees in the City

Have you previously filed a complaint with this office? _____

If so, on what date(s)? _____

Check each box below corresponding to a category for which you suffered discrimination. Please check ONLY the categories upon which this complaint is based.

- GENDER IDENTITY SEXUAL ORIENTATION VETERAN STATUS RACE COLOR
- ANCESTRY NATIONAL ORIGIN RELIGION AGE RELIGION SEX
- BLINDNESS DISABILITY FAMILIAL STATUS RETALIATION

***Any complaint related to a category other than Gender Identity, Sexual Orientation, or Veteran Status (or retaliation related to discrimination based on one of these categories) will be referred to the West Virginia Human Rights Commission and will not be directly investigated by the Human Rights Commission of the City of Morgantown.**

Please list the name(s) and contact information, if available, of any individuals who were treated differently than you based on one of the above classifications. Please give specific details or list the circumstances.

In the space below, please describe the event(s) of your complaint in detail:
Take care to identify relevant individuals, places, and dates to ensure the Human Rights Commission can efficiently investigate your complaint.
Please type or print clearly. Attach additional pages to this form if necessary.

In the space below, please state the relief you seek:

Examples include conciliation with respondent, reinstatement to employment, access to housing, access to place of public accommodation

Notice: You have one (1) year from the date discrimination began to file a complaint with the city of Morgantown Human Rights Commission. In general, you have two (2) years from the date of any injury to file a complaint with the Circuit Court, and this time period is not extended by filing a complaint with the Human Rights Commission. It is your duty to keep the Commission informed of any change in your employment status, contact information/address or any other information that relates to your claim. The Morgantown Human Rights Commission may at any time forward your complaint(s) to the West Virginia Human Rights Commission. Upon referral, the Morgantown Human Rights Commission will notify you and cease its investigation.

I verify that the information contained in this Complaint Form is true to the best of my knowledge and belief. I authorize the Commission to collect my personal complaint information (such as the information about me in this complaint form) and use it to process my human rights complaint. I agree that the Commission may use the information provided in my complaint to assist it in researching issues and in addressing human rights issues in Morgantown, WV.

Signature of Complainant

Date

I verify that the information contained in this Complaint Form is true to the best of my knowledge and belief and to the best of Complainant's knowledge and belief. I swear or affirm that I am the duly authorized representative for the Complainant named in the foregoing Complaint, that I am authorized by the Complainant or by law to submit this Complaint Form, and that I am submitting this Complaint Form due to the Complainant's legal disability which precludes him or her from filing personally. I authorize the Commission to collect my personal complaint information and that of the Complainant (such as the information in this complaint form) and use it to process this human rights complaint. I agree that the Commission may use the information provided in the complaint to assist it in researching issues and in addressing human rights issues in Morgantown, WV.

Signature of Authorized Representative for Complainant

Date