

Oxford Civil Rights Commission Complaint Form

Date _____

Section 1: Complainant Information

Name (individual or organization) _____

Address _____

Age (if minor) _____ Name of parent(s) (if minor) _____

Home phone _____ Work phone _____

Email address _____

Section 2: Other Party Information

Person, organization, or group against whom the complaint is being filed:

Other Party's Address _____

Date(s) alleged act occurred _____

Section 3: Discrimination Information

I believe I was discriminated against because of my (please identify):

- | | |
|--|---|
| 1. <input type="checkbox"/> Age (over 40 years old only) | 7. <input type="checkbox"/> Pregnancy |
| 2. <input type="checkbox"/> Disability | 8. <input type="checkbox"/> Race/color |
| 3. <input type="checkbox"/> Gender identity | 9. <input type="checkbox"/> Religion |
| 4. <input type="checkbox"/> Height/weight | 10. <input type="checkbox"/> Sex |
| 5. <input type="checkbox"/> Military status | 11. <input type="checkbox"/> Sexual orientation |
| 6. <input type="checkbox"/> National Origin/Ancestry | |

If you checked Age (#1 above), enter your Date of Birth _____

Type of discrimination (select one)

- Employment Housing Public Accommodation

Please write a brief but detailed statement of the facts that you believe indicate an unlawful discriminatory practice.

Complainant's signature _____

For Staff Use Only

Received by Clerk of Council: Date _____ Time _____

Signature of city staff member receiving complaint _____