

Preliminary Complaint Inquiry

Your Name (First, Middle, Last):

Address:

City:

State:

Zip Code:

Language (circle one) English Spanish Other

Phone # where you can be reached: ()

Best time to call you:

What happened to you? () fair housing issue () employment issue or () public accommodations.

Describe:

Who is your complaint against?

Name (first middle last):

Street Address:

City:

State:

Zip Code:

Where did the alleged act of discrimination occur?

Street Address:

City:

State:

Zip Code:

When did the last act of discrimination occur?

Is the harm to you ongoing? (Circle one) Yes No

Name (Print and then Sign)

Date

Submit to: Marshall P. Moss, Executive Director
Huntington Human Relations Commission
P. O. Box 1659, Huntington, WV 25717-1659