



Office of Human Rights

Confidential Complaint Form

The information requested on this form will help us to help you, the Complainant. The information submitted will determine whether the Office of Human Rights investigates your complaint. Filing with this office does not preclude you from filing with other federal or state agencies. Please be specific in your responses, and indicate the month, day, and year of the alleged discriminatory action(s).

Name: _____
Last Middle First

Address _____
Street Apartment Number

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number(s): _____

Email address: _____

Best time/day to be contacted: _____

Alternate contact information: _____

I WISH TO COMPLAIN ABOUT DISCRIMINATION IN THE FOLLOWING AREA(S):

- Check all that apply:
- | | | | |
|--------------------------|-------------------|--------------------------|----------------------|
| <input type="checkbox"/> | Employment | <input type="checkbox"/> | Credit/Lending |
| <input type="checkbox"/> | Housing | <input type="checkbox"/> | Public Accommodation |
| <input type="checkbox"/> | Private Education | | |

Name of Respondent (organization you are complaining about): _____

Address: _____

Telephone Number(s): _____

If an employer, approximate number of employees: _____

Reason(s) you believe that you were discriminated against:

- | | | | | | |
|--------------------------|-----------------|--------------------------|------------|--------------------------|---|
| <input type="checkbox"/> | Race | <input type="checkbox"/> | Religion | <input type="checkbox"/> | Sex* |
| <input type="checkbox"/> | Color | <input type="checkbox"/> | Disability | <input type="checkbox"/> | Marital Status |
| <input type="checkbox"/> | National Origin | <input type="checkbox"/> | Age | <input type="checkbox"/> | Pregnancy/Childbirth or related medical condition |

**Under the Charlottesville Human Rights Ordinance, discrimination on the basis of sex includes discrimination based on sexual orientation, gender identity, and transgender status.*

If your complaint involves your employment, what was your position, and how long did you hold the position?

Are you represented by legal counsel? **Y / N** If yes, name and telephone number of attorney:

Please provide details for all categories that apply to the subject matter of your complaint:

Your date of birth/age at time of incident: _____

Gender identity/orientation/status: _____

Racial/color identity: _____

National Origin: _____

Religious Affiliation: _____

Marital Status: _____

Nature of Disability: _____

By my signature below, I am affirming that the information provided is true and correct to the best of my knowledge. The information on this form has been furnished by me in confidence, with respect to a complaint involving an alleged unlawful discriminatory practice. I do not authorize this information to be used, disclosed or disseminated for any other purpose, other than as required by federal or state law, or by my express written consent.

Signature

Date

Note: To be properly filed, your completed and signed form must be received in the Office of Human Rights using one of the following methods of delivery:

Drop off: Office of Human Rights, 106 5th Street NE, Charlottesville, Virginia

Mail: Office of Human Rights, P.O. Box 911, Charlottesville, VA 22902

Email: humanrights@charlottesville.org