



City of Charlottesville Office of Human Rights Confidential Intake & Complaint Form

The information requested on this form will help us to help you, the Complainant. This information helps us determine whether the Office of Human Rights can take action on 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).** If you have questions or need assistance completing this form, please contact the Office of Human Rights by phone at (434)-970-3023 or by email at humanrights@charlottesville.gov, and a staff person will be happy to assist you.

1. Complainant Information: Please provide information about yourself in this section.

Name:

Street Address:

City:

State:

Zip Code:

Phone: ()

Email:

2. Respondent Information: Please provide information about the person(s)/organization involved.

Name:

Street Address:

City:

State:

Zip Code:

Phone: ()

Email:

3. Primary individual(s) who discriminated against you:

If more than three people were involved, please name the individuals in Section 13 on pages 4 and 5 of this form.

Name:

Role/Title:

Phone: ()

Email:

Name:

Role/Title:

Phone: ()

Email:

Name:

Role/Title:

Phone: ()

Email:

4. Type of Complaint (Protected Activity)

- Credit
- Employment
- Housing
- Private Education
- Public Accommodation

5. Specific Harm (fired, denied access or opportunity): Please describe the harm you experienced, personally.**6. Type of Discrimination (Protected Class):** Please mark **all** that apply.

- Age/Elderliness
- Childbirth or related medical conditions
- Color
- Disability
- Familial Status (for housing complaints only)
- Gender Identity
- Marital Status
- National Origin
- Pregnancy
- Race
- Religion
- Sex
- Sexual Orientation
- Source of Funds (for housing complaints only)
- Status as a Veteran

7. Date of Alleged Discrimination (Date the incident occurred) <ul style="list-style-type: none"> ▪ Employment incidents must be reported within 300 days. ▪ All other incidents must be reported within 180 days. 	____ / ____ / ____ MM DD YYYY
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8. Location of the Alleged Incident of Discrimination: <ul style="list-style-type: none"> ▪ Note that the Charlottesville Office of Human Rights is only authorized to formally address incidents of discrimination that occurred within the corporate limits of the City of Charlottesville. ▪ You do not have to be a resident of the City to file a complaint of discrimination involving an incident that occurred within the corporate limits of the City. ▪ Incidents that occurred outside the City of Charlottesville will be referred to the appropriate state or federal agency with authorized jurisdiction. 	<ul style="list-style-type: none"> <input type="checkbox"/> Charlottesville <input type="checkbox"/> Albemarle County <input type="checkbox"/> Fluvanna County <input type="checkbox"/> Greene County <input type="checkbox"/> Madison County <input type="checkbox"/> Nelson County <input type="checkbox"/> Louisa County <input type="checkbox"/> Other (please specify):
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9. If your complaint involves <u>Employment</u>, please complete the following:	
Your Job Title: _____	
Employment Start Date: ____ / ____ / ____ MM DD YYYY	Employment End Date: ____ / ____ / ____ MM DD YYYY
Do you currently work for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
At the time of the incident, how many employees worked for this employer?	

10. What remedy are you seeking? (Please explain what you want from the Respondent.)
<ul style="list-style-type: none"> <input type="checkbox"/> Apology. <input type="checkbox"/> Dialogue with the Respondent. <input type="checkbox"/> Employment opportunity. <input type="checkbox"/> Housing opportunity. <input type="checkbox"/> Access to a public space. <input type="checkbox"/> Other (Please specify below):

11. If you have legal representation or an advocate, please complete the following:		
Name of Attorney/Advocate:		
Street Address:		
City:	State:	Zip Code:
Phone: ()	Email:	

12. Have you filed a complaint with another agency regarding this incident?	10b. Date of filing:
Local Agency Name:	____/____/____ MM DD YYYY
State Agency Name:	____/____/____ MM DD YYYY
Federal Agency Name:	____/____/____ MM DD YYYY

13. Explain as briefly and clearly as possible what happened and how you were discriminated against. <ul style="list-style-type: none"> ▪ If you need more space, you may attach additional pages. ▪ Please make sure to sign and date the bottom of any additional pages.
(continued on next page)

(continued from previous page)

Signature of Complainant

Date: ____/____/____
MM DD YYYY

Submitting Your Complaint

Thank you for taking the time to complete this form. Incidents of discrimination are stressful and frustrating experiences, and it takes courage to file a complaint.

The Information you provide to the Office of Human Rights will be held confidential. The Director of the Human Rights Commission will review your complaint and determine whether to authorize further action under the City of Charlottesville Human Rights Ordinance. The Respondent will not be notified of your complaint until the Director authorizes further action and you have indicated that you would like to pursue any recommended next steps.

If you have any questions or need assistance with submitting your complaint, please contact the Office of Human Rights by phone at (434) 970-3023 or by email at humanrights@charlottesville.gov, and a staff person will be happy to assist you.

You can submit your complaint in any of the ways listed below.

Mail	Office of Human Rights City of Charlottesville PO Box 911 Charlottesville, VA 22902
Email	humanrights@charlottesville.gov
Hand-delivery	Office of Human Rights 106 5 th Street NE The Office is located just off the downtown mall near City Space. Parking is available in the Market Street Parking Garage. Please call ahead at 434-970-3023 to confirm that someone will be available to receive your complaint or to make other arrangements. You may also hand-deliver your complaint form to the City Manager’s Office, which is located on the 2 nd Floor of City Hall.

FOR OFFICE OF HUMAN RIGHTS USE ONLY.	
Date Received:	
Intake Completed By:	
Jurisdictional:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referral:	
Mode of Submission:	<input type="checkbox"/> Walk-in <input type="checkbox"/> Phone call <input type="checkbox"/> Email <input type="checkbox"/> Appointment <input type="checkbox"/> Mail <input type="checkbox"/> Other: