

# New Bedford Human Relations Commission

<b>CHARGE OF DISCRIMINATION</b>			DATE	CHARGE NUMBER
FAIR HOUSING <input type="checkbox"/> CIVIL MATTER <input type="checkbox"/> LABOR <input type="checkbox"/>				
NAME <i>(Indicate Mr., Ms., Mrs.)</i>			HOME TELEPHONE <i>(Include Area Code)</i>	
STREET ADDRESS		CITY, STATE AND ZIP CODE		DATE OF BIRTH
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME <i>(If more than one list below.)</i>				
NAME		NUMBER OF EMPLOYEES, MEMBERS		TELEPHONE <i>(Include Area Code)</i>
STREET ADDRESS		CITY, STATE AND ZIP CODE		COUNTY
NAME		TELEPHONE NUMBER <i>(Include Area Code)</i>		
STREET ADDRESS		CITY, STATE AND ZIP CODE		COUNTY
CAUSE OF DISCRIMINATION BASED ON <i>(Check all boxes that apply.)</i>  <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> AGE <input type="checkbox"/> RETALIATION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER <i>(Specify)</i>			DATE DISCRIMINATION TOOK PLACE EARLIEST                      LATEST   <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE: <i>(Attach extra sheet(s), if necessary.)</i>          				
I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.				
SIGNATURE OF COMPLAINANT				

# Complaint Intake Form