PROVIDENCE HUMAN RELATIONS COMMISSION

Application to File a Complaint

First Name **Last Name**

Street address

City **State** **Zip Code**

Home Phone **Work Phone**

Gender_____ Race/Ethnicity (optional): _____

How did you learn about the Commission?_____

Who are you filing against?

___ Company ____ Union ____ Individual

___ Employment Agency ____ Government ____ Other:

Name of person or company

Street Address

City **State** **Zip Code**

Home Phone **Work Phone**

If Company, please provide a Contact Person

First Name **Last Name**

Cause of Alleged Discrimination:

___ Race/Ethnicity ___ Religion

___ Disability ___ Marital Status

___ Age ___ Gender Identity

___ Sexual Orientation ___ Other

Please specify the date(s) and place the alleged harm took place

_____

Have you hired a lawyer for this complaint? No_____Yes_____, If so please provide information.

First Name **Last Name**

Street address

City **State** **Zip Code**

Phone

Complaint Number: _____
(for office use only)

Please explain the nature of your complaint. If you need more space feel free to use a separate paper and attach it to this application. Please include all relevant names and dates. If you have any documents concerning the situation, please attach copies to your statement.

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Signature Today's Date

Please complete this form and bring or mail to:

Providence Human Relations Commission
400 Westminster Street, 4th Floor
Providence, RI 02903