

City of La Crosse Human Rights Commission

COMPLAINT FORM

COMPLAINANT INFORMATION (YOURSELF)

Name:

Address:

Phone:

Email:

RESPONDENT INFORMATION (PERSON/PERSON(S) YOU FEEL HAVE DISCRIMINATED AGAINST YOU)

Name:

Address:

Phone:

Email:

TYPE OF DISCRIMINATION ALLEGED

Check the appropriate Category, indicate the Address or Location of facility you were denied the equal opportunity to use or enjoy, and the Basis of the alleged discrimination.

Applicants must be able to demonstrate that they were denied the equal use/enjoyment of a facility **located in the City of La Crosse**.

Category: Housing Place of Public Accommodation or Amusement [i.e. restaurant, hotel, retail shop]
 City Facility

Address/Location:

Basis (Check all that may apply):

- Sex
- Race
- Religion
- Age
- Disability
- Marital Status
- Color
- National Origin or Ancestry
- Lawful Source of Income
- Physical Appearance
- Sexual Orientation
- Gender Identity or Expression
- Political Activity
- Familial Status
- Domestic Partnership
- Student

FACTS

To the best of your ability, give a detailed statement regarding the facts giving rise to this Complaint. The statement must include the date or dates of the alleged discrimination. City Ordinance provides that a written Complaint **must be filed within 180 days** after the complainant knew or should reasonably have known that the alleged act or acts occurred. Additional pages may be attached to this form if necessary.

Statement: