



Virginia Council on Human Rights

900 E. Main Street • Pocahontas Building • 4th Floor • Richmond, VA 23219 • (804) 225-2292

Complaint Questionnaire

The information requested on this form will help us to help you. The information submitted will determine whether the Council 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 actions.**

Complainant's Date of Birth: _____
Month Day Year

Name _____
First Middle Last

Address _____
Street Apartment Number

City/County _____ State _____ Zip Code _____

Work Number () _____ Home Number () _____

I prefer to be contacted by phone: Work _____ Home _____

Time to be contacted: _____ Days (circle): Mon. Tues. Wed. Thurs. Fri.

Person to contact if you cannot be reached: _____

Address _____

Telephone () _____

I WISH TO COMPLAIN AGAINST:

Check all that apply: Employer Name of Company _____

Address _____

Type of Business: _____ Number of Employees: _____

Other Discrimination: Realtor/Renter Place of Public Accommodation Educational Institution

Name of Company _____

Address _____

Name and Title of Principal Officer (President, Owner, Manager, etc.)

Name Title

Telephone Number () _____

1. You believe that the action taken against you is based on your: (Check all that apply)

- Race
- National Origin
- Disability
- Color
- Sex
- Pregnancy
- Religion
- Age
- Childbirth or Related Medical Conditions

7. Did you file a complaint with any other state and/or federal agency? Yes No

If so, which agency and the date of filing. _____

8. If you have an attorney, please give name, address, and telephone number.

Name _____

Address _____

Telephone Number () _____

9. Personal Data

Please check appropriate boxes and fill appropriate space:

A. Sex Female Male

B. Ethnic Group: White/Caucasian African American/Black Hispanic American

Asian American Native American

Other (specify) _____

C. Age (current) _____

D. Social Security Number _____ - _____ - _____

I understand that by returning this completed questionnaire to your office, I have filed an official complaint with the Council on Human Rights. However, this does not mean that the complaint will be accepted for investigation. If accepted for investigation, The Council will have to notify the person or organization that I have named in my complaint. I declare under penalty of perjury that the information provided herein is true and correct to the best of my knowledge.

Signature

Date