Discrimination Complaint Form

Complete this form to file a complaint of discrimination at any place of public accommodation located in Buncombe County, or to file a complaint of discrimination with respect to a Buncombe County Government program or activity. There is no cost to file a complaint.

Your discrimination complaint will be reviewed by the Buncombe County Administrative Coordinator who manages the NDO to determine if the alleged acts that might violate Buncombe County's Ordinance Prohibiting Discrimination in Employment and Public Accommodations. The County's Administrative Coordinator will contact you for any additional information needed to complete this review. If your complaint involves a possible violation of one Buncombe County's Ordinance Prohibiting Discrimination in Employment and Public Accommodations, the County's Administrative Coordinator will serve you and the person and/or organization alleged to have discriminated against you with a copy of your complaint and a notice advising you of your procedural rights and obligations within ten days after the filing of your complaint.

Your Personal Information:

Name:				
Name:(First)	(Middle)	(Last)		
Email Address:				
Mailing Address:				
(Street Address)	(City) (State)	(Zip Code)		
Daytime Phone Number:	Evening Phone Number:	Evening Phone Number:		
Best Time to Call:				
Who else can we call if we cannot	reach you?			
Contact Number 1:				
Name:				
(First)	(Middle)	(Last)		
Email Address:				
Mailing Address:				
(Street Address)		(Zip Code)		
Daytime Phone Number:	Evening Phone Number:	Evening Phone Number:		
Best Time to Call:				
Contact Number 2:				

Name:			
(First)	(Middle)	(Last)	
Email Address:			
Mailing Address:(Street Address)			
(Street Address)	(City)	(State) (Zip Code)	
Daytime Phone Number:	Evening Phone Number:		
Best Time to Call:			
<u>Co</u>	omplaint Information		
What happened to you? Provide actions(s) including the date (or date discrimination in violation of Bunco Employment and Public Accommodati will occur, because of the alleged discrimination.	e range) which is allegombe County's Ordinar ons. Describe the harm	ged to have constituted unlawful ace Prohibiting Discrimination in	
Why do you believe you are being disc	eriminated against (checl	k all that apply)?	
☐ Race	□ Na	tional origin or ancestry	
☐ Natural hair or hairstyles	□ Ma	arital or familial status	
☐ Ethnicity	□ Pre	egnancy	
☐ Creed	□ Ve	teran status	
□ Color	□ Re	ligious belief or non-belief	
□ Sex	□ Ag	ge	
☐ Sexual orientation	□ Dia	sability	
☐ Gender identity or expression	□ Oti	her	

Briefly explain why you think your rights were denied because of any the factors listed above.

Who do you believe discriminate	ed against you?		
Name:			
Name:	(Middle)	(Last)	
Identify the parties alleged to discrimination (attach additiona		ootentially impacted b	y the alleged
<u>Impacted Party 1</u>			
Name:			
Name:	(Middle)	(Last)	
Email Address:			
Addrass:			
Address: (Street Address)	(City)	(State) (Zip Code))
<u>Impacted Party 2</u>		-	
Name:			
Name: (First/Name of Organization)	(Middle)	(Last)	
Email Address:			
Address:			
(Street Address)	(City)	(State) (Zip Code))
Where did the alleged act of disc	erimination occur?		
Address:	(0)	(8) (7) (7)	
(Street Address)	(City)	(State) (Zip Code))

When did the last act of discrimination occur?					
Date:					
Is the alleged discrimination continuou	ıs/on-going?				
☐ Yes					
□ No					
T 7 160 (1					
	<u>Verification</u>				
I, the undersigned declare under penalty of perjury that the foregoing is true and correct.					
Executed on (Month) (Day)	, 20				
Printed Name:					
(First)	(Middle)	(Last)			
Signature:					