

Name: _____
(First) (Middle) (Last)

Email Address: _____

Mailing Address: _____
(Street Address) (City) (State) (Zip Code)

Daytime Phone Number: _____ Evening Phone Number: _____

Best Time to Call: _____

Complaint Information

What happened to you? Provide a specific and detailed description of the decision(s) or actions(s) including the date (or date range) which is alleged to have constituted unlawful discrimination in violation of Buncombe County's Ordinance Prohibiting Discrimination in Employment and Public Accommodations. Describe the harm alleged to have occurred, or which will occur, because of the alleged discrimination.

Why do you believe you are being discriminated against (check all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> National origin or ancestry |
| <input type="checkbox"/> Natural hair or hairstyles | <input type="checkbox"/> Marital or familial status |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Veteran status |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religious belief or non-belief |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Age |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Gender identity or expression | <input type="checkbox"/> Other _____ |

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

Who do you believe discriminated against you?

Name: _____
(First/Name of Organization) (Middle) (Last)

Identify the parties alleged to be subjected to, or potentially impacted by the alleged discrimination (attach additional sheets if necessary).

Impacted Party 1

Name: _____
(First/Name of Organization) (Middle) (Last)

Email Address: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

Impacted Party 2

Name: _____
(First/Name of Organization) (Middle) (Last)

Email Address: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

Where did the alleged act of discrimination occur?

Address: _____
(Street Address) (City) (State) (Zip Code)

When did the last act of discrimination occur?

Date: _____

Is the alleged discrimination continuous/on-going?

Yes

No

Verification

I, the undersigned declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____.
(Month) (Day) (Year)

Printed Name: _____
(First) (Middle) (Last)

Signature: _____