



**City of Charlottesville Office of Human Rights
Confidential Intake & Complaint Form**

The information requested on this form will help us to help you, the complainant. This information helps us determine whether the Office of Human Rights can take action on your complaint. Filing with this office does not preclude you from filing with other federal or state agencies. **Please be complete all sections that relate to your complaint, and sign and date where indicated at the bottom of each page.** If you have questions or need assistance completing this form, please contact the Office of Human Rights by phone at (434)-970-3023 or by email at humanrights@charlottesville.gov, and a staff person will be happy to assist you.

1. Complainant Information: Please provide information about yourself in this section.

Name: _____ Preferred Pronouns: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Email: _____

2. Respondent Information: Please provide information about the person(s)/organization involved.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Email: _____

3. Primary individual(s) who discriminated against you:

If more than three people were involved, please name the individuals in the complaint narrative in Section 15.

Name: _____ Role/Title: _____

Phone: () _____ Email: _____

Name: _____ Role/Title: _____

Phone: () _____ Email: _____

Name: _____ Role/Title: _____

Phone: () _____ Email: _____

Signature of Complainant

Date: ____/____/____
MM DD YYYY

4. Type of Complaint (Protected Activity)

- Credit
- Employment
- Housing
- Private Education
- Public Accommodation

5. Specific Harm (fired, denied access or opportunity): Please describe the harm you experienced, personally.

6. Date of Alleged Discrimination (Date the incident occurred)

- **Employment** incidents must be reported within **300 days**.
- **All other incidents** must be reported within **180 days**.

____ / ____ / ____
MM DD YYYY

7. Location of the Alleged Incident of Discrimination:

- Note that the Charlottesville Office of Human Rights is only authorized to formally address incidents of discrimination that occurred within the corporate limits of the City of Charlottesville.
- You do not have to be a resident of the City to file a complaint of discrimination involving an incident that occurred within the corporate limits of the City.
- Incidents that occurred outside the City of Charlottesville will be referred to the appropriate state or federal agency with authorized jurisdiction.

- Charlottesville
- Albemarle County
- Fluvanna County
- Greene County
- Madison County
- Nelson County
- Louisa County
- Other** (please specify):

Signature of Complainant

____ / ____ / ____
Date: MM DD YYYY

10. What remedy are you seeking? (Please explain what you want from the Respondent.)

- Apology.
- Dialogue with the Respondent.
- Employment opportunity.
- Housing opportunity.
- Access to a public space.
- Other** (Please specify below):

11. If you have legal representation or an advocate, please complete the following:

Name of Attorney/Advocate:

Street Address:

City:

State:

Zip Code:

Phone: ()

Email:

12. Have you filed a complaint with another agency regarding this incident?

Date of filing:

Local Agency Name:

____/____/____
MM DD YYYY

State Agency Name:

____/____/____
MM DD YYYY

Federal Agency Name:

____/____/____
MM DD YYYY

Signature of Complainant

____/____/____
Date: MM DD YYYY

13. Witnesses: Please list any individuals who were present or have knowledge of the discrimination you experienced.

Name: _____ Role/Title: _____
 Phone: () _____ Email: _____

Name: _____ Role/Title: _____
 Phone: () _____ Email: _____

Name: _____ Role/Title: _____
 Phone: () _____ Email: _____

Name: _____ Role/Title: _____
 Phone: () _____ Email: _____

Name: _____ Role/Title: _____
 Phone: () _____ Email: _____

Name: _____ Role/Title: _____
 Phone: () _____ Email: _____

Name: _____ Role/Title: _____
 Phone: () _____ Email: _____

Name: _____ Role/Title: _____
 Phone: () _____ Email: _____

Name: _____ Role/Title: _____
 Phone: () _____ Email: _____

 Signature of Complainant

Date: ____/____/____
 MM DD YYYY

14. Specific Comparators: Please describe any person who was in the same or similar situation as you and how they were treated.

Name: _____ Role/Title: _____

Phone: () _____ Email: _____

How was this person treated in comparison to you?

Name: _____ Role/Title: _____

Phone: () _____ Email: _____

How was this person treated in comparison to you?

Name: _____ Role/Title: _____

Phone: () _____ Email: _____

How was this person treated in comparison to you?

Name: _____ Role/Title: _____

Phone: () _____ Email: _____

How was this person treated in comparison to you?

Signature of Complainant

Date: ____/____/____
MM DD YYYY

15. Complaint Narrative:

- **On the following page, explain what happened and how you were discriminated against.**
- **Be as clear and concise as possible. If you need more space, you may attach additional pages.**
- **Please make sure to sign and date the bottom of any additional pages.**

Incidents of alleged discrimination or harassment can be one-time events or can include several incidents over time. Whether presenting a complaint that involves a single incident or multiple incidents, always start with the date and time of the incident. Separate your documentation by incident, focus on the facts (when, where, who, what, how, and why), and do your best to be clear and concise.

In the complaint narrative, include the following details **for each individual incident**:

- Date and time of incident (or an approximation, if you cannot remember the exact date and time)
- Location of incident
- Name(s) of the primary person or people that caused you harm
- A clear and concise description what the person or people did or said to you
- A clear and concise description of why you think the person or people acted this way toward you
- A clear and concise description of the harm you experienced, resulting from the incident
- Names of any witnesses to the incident
- Any actions you took after the incident to seek a remedy for the harm you experienced
- Include supporting documentation, photos, videos, or other evidence (reference or attach if possible)

Documenting incidents can be a difficult process. If you need assistance organizing your documents or writing out a report of your incidents, consider asking a friend or family member to help. If you do not have anyone to help you, inform the Office of Human Rights staff, and they can help you find assistance.

Please list any evidence that supports your narrative.

Description of evidence:

Attached Available upon request

Description of evidence:

Attached Available upon request

Description of evidence:

Attached Available upon request

Description of evidence:

Attached Available upon request

Signature of Complainant

____/____/____
Date: MM DD YYYY

Complaint Narrative (Please sign and date any additional narrative pages)

Signature of Complainant

Date: ___/___/___
 MM DD YYYY

What happens next?

Thank you for taking the time to complete this form. Incidents of discrimination are stressful and frustrating experiences, and it takes courage to file a complaint. The Director of the Human Rights Commission will review your complaint and decide whether to authorize further action under the City of Charlottesville Human Rights Ordinance. A staff person from the Office of Human Rights will contact you once the Director has made a decision regarding further action. The respondent will be notified within ten calendar days of the submission of your complaint. In cases of housing discrimination, the respondent will also receive a copy of your original complaint.

If you have any questions or need assistance with submitting your complaint, please contact the Office of Human Rights by phone at (434) 970-3023 or by email at humanrights@charlottesville.gov, and a staff person will be happy to assist you.

You can submit your complaint in any of the ways listed below.

Mail	Office of Human Rights City of Charlottesville PO Box 911 Charlottesville, VA 22902
Email	humanrights@charlottesville.gov
Hand-delivery	Office of Human Rights 507 East Main Street The Office is located on the downtown mall next to the post office. Parking is available in the Market Street Parking Garage. Please call 434-970-3023 ahead of your visit to confirm that someone will be available to receive your complaint or to make other arrangements. You may also hand-deliver your complaint form to the City Manager's Office, which is located on the 2 nd Floor of City Hall.

FOR OFFICE OF HUMAN RIGHTS USE ONLY.

Date Received:	
Intake Completed By:	
Jurisdictional:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Case Number:	
Mode of Submission:	<input type="checkbox"/> Walk-in <input type="checkbox"/> Phone call <input type="checkbox"/> Email <input type="checkbox"/> Appointment <input type="checkbox"/> Mail <input type="checkbox"/> Other: