



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 Section 13 on pages 4 and 5 of this form.	
Name:	Role/Title:
Phone: ()	Email:
Name:	Role/Title:
Phone: ()	Email:
Name:	Role/Title:
Phone: ()	Email:

_____ Signature of Complainant	Date: ___/___/___ MM DD YYYY
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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. Type of Discrimination (Protected Class):** Please mark all that apply.

- Age (for **non-housing** complaints only – if complainant is 40 or more years of age)
- Childbirth or related medical conditions
- Color
- Disability
- Elderliness (for **housing** complaints only – if complainant is 55 or more years of age)
- Familial Status (for **housing** complaints only)
- Gender Identity
- Marital Status
- National Origin
- Pregnancy
- Race
- Religion
- Sex
- Sexual Orientation
- Source of Funds (for **housing** complaints only)
- Status as a Veteran

Signature of Complainant

Date: ____/____/____
MM DD YYYY

<p>7. Date of Alleged Discrimination (Date the incident occurred)</p> <ul style="list-style-type: none"> ▪ Housing incidents must be reported within 365 days. ▪ Employment incidents must be reported within 180 days. 	<p>____/____/____ MM DD YYYY</p>
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<p>8. Location of the Alleged Incident of Discrimination:</p> <ul style="list-style-type: none"> ▪ 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. 	<ul style="list-style-type: none"> <input type="checkbox"/> Charlottesville <input type="checkbox"/> Albemarle County <input type="checkbox"/> Fluvanna County <input type="checkbox"/> Greene County <input type="checkbox"/> Madison County <input type="checkbox"/> Nelson County <input type="checkbox"/> Louisa County <input type="checkbox"/> Other (please specify):
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<p>9. If you are filing a complaint of <u>employment discrimination</u>, please complete the following, otherwise leave blank:</p>	
<p>Your Job Title: _____</p>	
<p>Employment Start Date: ____/____/____ MM DD YYYY</p>	<p>Employment End Date: ____/____/____ MM DD YYYY</p>
<p>Do you currently work for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>At the time of the incident, how many employees worked for this employer?</p>	

<p>10. What remedy are you seeking? (Please explain what you want from the Respondent.)</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Apology. <input type="checkbox"/> Dialogue with the Respondent. <input type="checkbox"/> Employment opportunity. <input type="checkbox"/> Housing opportunity. <input type="checkbox"/> Access to a public space. <input type="checkbox"/> Other (Please specify below):

<p>_____ Signature of Complainant</p>	<p>Date: ____/____/____ MM DD YYYY</p>
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11. If you have legal representation or an advocate, please complete the following:		
Name of Attorney/Advocate:		
Mailing Address:		
City:	State:	Zip Code:
Phone: ()	Email:	

12. Have you filed a complaint with another agency regarding this incident?	10b. Date of filing:
Local Agency Name:	____/____/____ MM DD YYYY
State Agency Name:	____/____/____ MM DD YYYY
Federal Agency Name:	____/____/____ MM DD YYYY

<p>13. Explain as briefly and clearly as possible what happened and how you were discriminated against.</p> <ul style="list-style-type: none"> ▪ If you need more space, you may attach additional pages. ▪ Please make sure to sign and date the bottom of any additional pages.
<p>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.</p> <p>On the next page, explain what happened and include the following details for each individual incident:</p> <ul style="list-style-type: none"> • 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) <p>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 intake counselor, and she or he can help you find assistance.</p>

_____ Signature of Complainant	Date: ____/____/____ MM DD YYYY
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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 information you provide to the Office of Human Rights will be held confidential. 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. The Respondent will not be notified of your complaint until the Director authorizes further action and you have indicated that you would like to pursue any recommended next steps. A staff person from the Office of Human Rights will contact you once the Director has made a decision regarding further action.

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 106 5 th Street NE The Office is located just off the downtown mall near City Space. Parking is available in the Market Street Parking Garage. Please call ahead at 434-970-3023 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: