



BACKGROUND FORM

(THIS IS NOT A COMPLAINT)

A. Individual's Information

1. Name: _____
Address: _____
City: _____ State _____ Zip Code: _____
Telephone Numbers: Home () _____ Other () _____

2. Contact Person – List a **person who will be able to contact you** if our office is unable to reach you.
Choose a person who has an address different from yours. (If you do not provide this information and the Commission is unable to locate you, your case may be dismissed)

Name of Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code _____
Telephone Numbers: Home () _____ Other () _____

3. Your Gender: _____ Your Date of Birth: _____

4. Your Race: White _____ Black/African American _____ Asian _____ American Indian/Alaskan Native _____
Native Hawaiian/Other Pacific Islander _____ Asian & White _____ Black/African American &
White _____ Other Multi-Racial _____

B. Statistical Information (If your complaint does NOT involve HOUSING, skip to Section C)

*Required by Federal rules **unless** your complaint is based on your Section 8 Housing Choice Voucher.

*Number of people in your household: _____

*Your Annual Income: ___ Under \$25,000 ___ \$25,000-\$49,999 ___ \$50,000-\$74,999 ___ Over \$75,000

C. Other Information

1. Describe how you learned about the Commission on Human Relations: _____

2. List any other agencies (if any) at which you filed this same complaint. _____

1) Full Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number () _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number () _____

2) Briefly describe ***how Respondent learned*** about each of the categories you listed above: _____

[illegible]