



## 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

