

**VERIFIED COMPLAINT SUBMITTED TO THE
WEST LAFAYETTE HUMAN RELATIONS COMMITTEE**

In re the Matter of : _____
(Complainant's Name)

Complainant
Name: _____

Respondent
Name: _____

Address: _____

Address: _____

Phone
(Home): _____

Phone
(Home): _____

Phone
(Business): _____

Phone
(Business): _____

The undersigned, after being first sworn upon oath, states that an act of discrimination in violation of the West Lafayette City Code has been committed against me by the above named Respondent as set forth below:

Date(s) of Discrimination:
(If the discrimination is of a continuing nature, state the dates between which continuing acts of discrimination are alleged to have occurred.) _____

Place(s) of Discrimination: _____

State the specific facts constituting the discrimination: _____

(Please use additional pages if necessary.)

Has any other action, civil, criminal, or administrative, or any other grievance procedure, including a grievance procedure provided by an employer, been instituted in any other forum based upon the same discrimination?

YES NO (Circle One) *If "Yes," please state the type of action (EEOC, Indiana Civil Rights Commission, Criminal, Civil, etc.) and provide a statement as to the status or disposition of such other action or procedure:*

The undersigned states and affirms, under the penalties of perjury, that the foregoing representations are true and correct.

Signature of Complainant

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared the Complainant, who acknowledged the execution of the foregoing.

WITNESS my hand and Notarial seal, this _____ day of _____, 200____.

[SEAL]

Commission Expires: _____

Notary Public

County of Residence: _____

Name (printed)

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