

**COMPLAINT FORM**  
**WEST LAFAYETTE HUMAN RELATIONS COMMITTEE**

If you need assistance filling out this form please contact the Mayor's Office at 765-775-5103

In the Matter of : \_\_\_\_\_  
(Complainant's Name)

**Complainant**  
Name: \_\_\_\_\_

**Respondent**  
Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone  
(Home): \_\_\_\_\_

Phone  
(Home): \_\_\_\_\_

Phone  
(Business): \_\_\_\_\_

Phone  
(Business): \_\_\_\_\_

The undersigned 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