## **City of Grand Haven Human Relations Commission**



Alleged Discrimination Complaint Form

Complainant Name:		Address:		
City, State, Zip:		Phone Number:		
Date of Incident:	Time of Incident:	Location of Incident:		
All information provided on this form will be kept confidential to the extent it is possible. Please understand that if you wish for your complaint to be investigated it may not be possible for all information to be kept confidential.				
For complete details of how this complaint will be handled please review the HRC policies and procedures on the boards and commissions page at <a href="https://www.grandhaven.org">www.grandhaven.org</a> .				
Complaint Information (please be specific)  Attach additional pages if needed				

Complainant Signature:		Date:
Form can be emailed:	ATTENITIONI: HIIMANI	DEL VITOVIS CHVIDDEDSOVI FO
	ATTENTION: HUMAN RELATIONS CHAIRPERSON to <a href="mailto:ghhousing@grandhaven.org">ghhousing@grandhaven.org</a>	
or mailed to:	NHS ATTN: HUMAN RELAT	
	11 N. 6 <sup>th</sup> Street	
	Grand Haven MI 494	¥17
Staff Use Only Date:		Received By:
Case Number:		Assigned Investigator(s):