

**CITY OF SOUTH BEND
HUMAN RIGHTS COMMISSION
INFORMATION REQUEST**

Please answer the following questions, to the best of your ability. This form must be completed by you or our office staff prior to your case being submitted to the Director of the Commission for review.

CHARGING PARTY'S INFORMATION

Last Name: _____ Title: (please) Mr Mrs Ms
First Name: _____ Middle Initial _____
Address: _____
Zip: _____ City: _____ State: _____
Home Phone: _____
Work Phone: _____
County: if Saint Joseph list, if other _____
Social Security No: _____ Date of Birth: _____

CHARGING PARTY'S Contact Information: (Name of a person *not living with you*)
who would know how to contact you at all times.

Name: _____ Relationship: _____
Address: _____ Phone: _____
Zip: _____ City: _____ State: _____

RESPONDENT'S INFORMATION: (Party who your complaint is against)

Contact Person: _____ Phone: _____
Company Name: _____
Company Address: _____
Title/Position: _____
Zip: _____ City: _____ State: _____

DISCRIMINATION BASIS: Please

Housing	Employment	Public Accommodation	Education
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I believe I was discriminated against in:

Please explain briefly what happened _____

The South Bend Human Rights Commission, only has jurisdiction over the categories listed below. By law, no other category can be investigated. Please check which category(ies), if any, apply(ies) to your situation:

PLEASE APPROPRIATE BOX (ES)				
Race	Sex	Color	National Origin	Ancestry
Religion	Age	Sexual Harassment	Physical or Mental Disability	
Housing on the basis of having children under the age of 18				
Retaliation - for having assisted in an investigation of discrimination or for openly opposing discrimination based upon any of the categories listed above				

What action was taken against you that you believe to be discriminatory? Please check the appropriate box (es)

Termination	Laid Off	Not Hired	Not Promoted
Transferred	Demoted	Unequal Wages	Other, (specify)

What was your: Date of hire: _____ Position _____
Wage _____ Approx. # of employees _____ Supervisor's Name _____

Are you currently employed by this employer?
If yes, current position: _____ Current wage _____
If no, date of termination or resignation : _____
Have you applied for new jobs? If not, why _____

Are you employed by another employer? If yes:
Name of Company: _____
Date of employment: _____
Position: _____ Wage _____

If you are not currently employed, where and when have you applied for new jobs?

Who do you feel discriminated against you? Please briefly explain:

What was the most recent date of the alleged discriminatory action was taken against you?

What was the explanation given by the person who allegedly discriminated against you?

What do you believe the true reason was?

Do you have any witnesses to support your claim of discrimination?

Please Yes No

WITNESSES INFORMATION:

Name: _____

Name: _____

Address _____

Address _____

Phone No. _____

Phone No. _____

Do you have any documents to support your claim of discrimination?

Please Yes No

Have you filed a previous charge against this employer?

Please Yes No If yes, when _____

Have you complained to any other entity regarding this complain?

(Example, the company, the union, housing authority or any other source?)

Please Yes No (If yes, please complete questions below)

Name of source of assistance: _____ **Date:** _____

Results, if any: _____

What do you want to happen as a result of this charge _____
