City of Grand Haven Human Relations Commission

Alleged Discrimination Complaint Form

Complainants Name:		Address:
City, State, Zip:		Phone Number:
Date of Incident:	Time of Incident:	Location of Incident:

Complaint Information (please be specific) Attach additional pages if needed

Complainant Signature:	Date:

Form can be emailed: ATTENTION: HUMAN RELATIONS CHAIRPERSON to ghhousing@grandhaven.org

or mailed to: NHS
ATTN: HUMAN RELATIONS CHAIRPERSON
11 N. 6th Street
Grand Haven MI 49417

Staff Use Only Date:	Received By:
Case Number:	Assigned Investigator(s):