

HRC COMPLAINT NO. \_\_\_\_\_

Date \_\_\_\_\_

JACKSON HUMAN RELATIONS COMMISSION  
Statement of Complaint

COMPLAINANT \_\_\_\_\_

Address \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)  
Phone \_\_\_\_\_

RESPONDENT \_\_\_\_\_

Address \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)  
Phone \_\_\_\_\_

Alleged Violation \_\_\_\_\_  
\_\_\_\_\_

Date of Alleged Violation \_\_\_\_\_

Basis of Alleged  
Discrimination \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place \_\_\_\_\_

Names and Business Phone Numbers of Anyone else who knows about this:

\_\_\_\_\_  
\_\_\_\_\_

I have filed a complaint about this matter with (list office):  
\_\_\_\_\_

I have not filed a complaint about this matter with anyone else.

STATEMENT OF ALLEGED VIOLATION

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I affirm that everything I have stated is true.

SIGNATURE OF COMPLAINANT \_\_\_\_\_

DATE \_\_\_\_\_

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STATE OF MICHIGAN)  
                                  ) ss  
County of Jackson)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201 .

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Notary Public  
Jackson County, Michigan

My Commission Expires: \_\_\_\_\_