

**NORMAN HUMAN RIGHTS COMMISSION
DISCRIMINATION/RETALIATION COMPLAINT FORM**

File with the Norman City Clerk, 201 West Gray, P.O. Box 370, Norman, Oklahoma 73070.

COMPLAINANT

Person filing Complaint

Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Attorney's name and contact information (if applicable): _____

RESPONDENT

Person(s) or entity against whom Complaint is made

Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Job Title _____

Attorney's name and contact information (if known): _____

DATE(S) OF DISCRIMINATION/RETALIATION

Complaint must be filed within ninety (90) days.

ALLEGED VIOLATION

Check all that apply.

____ Employment

____ Sexual Harassment

____ Retaliation

____ Housing

____ Public Accommodations

TYPE OF DISCRIMINATION

Check all that apply.

- Race
- Color
- Religion
- Ancestry
- National Origin
- Age
- Place of Birth
- Disability
- Sex
- Sexual Orientation
- Gender identity/Gender expression
- Familial status
- Marriage to a person of the same sex

DETAILED DESCRIPTION OF THE ALLEGED DISCRIMINATION/RETALIATION

Attach additional sheets if necessary. Include all pictures, correspondence, or other documentation supporting the allegations, including names, titles, and contact information for additional witnesses or other people with pertinent information.

AFFIRMATION

OATH: I, the Complainant whose signature appears hereon, state that the foregoing facts are true and correct from my personal knowledge thereof.

Complainant Signature

Date

(SEAL)

Subscribed and sworn before me this _____ day of _____, _____.

My commission expires:

Notary Public