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  _____ Sex 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