



OREGON COMMISSION ON BLACK AFFAIRS COMPLAINT FORM

A Copy of this complaint will be provided to the person/company against whom it is filed. The information collected may be verified with persons who may have knowledge pertinent to the complaint, may be used in the course of settlement negotiations, and/or in the course of presenting evidence at a hearing, or may be disclosed to other agencies with jurisdiction over the complaint.

All complaints must be filed within **one year** of the last known occurrence of the alleged discrimination by the person who sustained the alleged discrimination.

Complainant's Name (Please Print)

Alleged Company/Individual

Street Address

Street Address

City/State/Zip Code

City/State/Zip Code

Telephone () _____

Telephone () _____

Check Area of Complaint

____ Housing

____ Employment

____ Public Accommodation

____ School

____ Service

____ Other _____

On the back of this form, describe in detail the alleged discriminatory act(s) indicating dates, places, names and titles of persons involved and witnesses, if any, to the act(s).

PLEASE INCLUDE:

- Why you believe the act(s) was because of your disability, veteran status, race, color, religion, sex or national origin;
- What harm, if any, was caused to you or others as a result of the alleged discriminatory act(s);
- What explanation, if any, was offered for the act(s).

FRIEND OR RELATIVE (ALTERNATE CONTACT)

Please notify the Oregon Commission on Black Affairs if you change your address or phone numbers. You may indicate here a person who would know how to reach you if the Commission is unable to reach you at your own address and phone.

Name: _____

Address: _____

Relationship: _____ Phone: _____

FILED ELSEWHERE?

Name: _____

Address: _____

Contact: _____ Phone: _____

Name: _____

Address: _____

Contact: _____ Phone: _____

SIGNATURE AND CERTIFICATION

I certify that the information given above is true and correct to the best of my knowledge or belief. I hereby authorize the Oregon Commission on Black Affairs to investigate the complaint on my behalf and gather any pertinent information.

_____ Date _____
Signature of Complainant

Please complete, sign and return this information in a sealed envelope to:

Oregon Advocacy Commissions Office
1819 SW 5th Avenue, #313
Portland, OR 97201

Fax to: (503) 473-8519
Or Email to: OACO.mail@state.or.us
Any questions, please call: (503) 302-9725