

**CITY OF VALPARAISO
HUMAN RIGHTS COMMISSION
COMPLAINT FORM**

Please read the following before filing: IF YOU NEED HELP OR ASSISTANCE IN REVIEWING AND/OR COMPLETING THIS FORM, PLEASE CONTACT PATRICK LYP AT 219-548-4814 OR PLYP@VALPO.US.

JURISDICTION: As provided under Section 2 of Ordinance 9-2016, and except as provided in Section 4, no person, corporation, partnership, company, or other individual or entity located within, or conducting business within, the City’s corporate limits shall discriminate against any other person in the provision of and/or opportunity to participate in or enter into a place of business, obtain housing, use public accommodations, obtain an education, obtain and maintain employment, enter into a contract, and/or participate in or obtain any program, service, or amenity provided to the general public on the basis of the latter’s race, religion, color, sex, disability, national origin, ancestry, sexual orientation, gender identity, age, veteran status, and familial status.

COMPLAINT FORM: As provided under Section 6 of Ordinance 9-2016, a valid Complaint must be: i) complete; ii) allege a violation of the Ordinance that occurred within sixty (60) days of the filing of the Complaint with enough detail to allow for a meaningful investigation; iii) signed by the person alleging the violation under oath and subject to perjury for intentionally providing false and/or materially misleading information; and, iv) filed with the City’s Clerk/Treasurer Office in a sealed envelope with following words conspicuously written: “Discrimination Complaint – City Attorney’s Office”.

CONFIDENTIALITY: The City of Valparaiso is subject to the Indiana Public Records Act (Indiana Code § 5-14-3-1) and the Indiana Open Door Law (Indiana Code § 5-14-1.5-1). Although steps have been taken to maintain the confidentiality of the Complaint Form and investigatory process, information contained in this Complaint Form and/or information derived from the investigatory process may become public. In addition, any formal action taken by the Investigation & Reconciliation Committee must be taken at a public meeting.

COOPERATION: By filing of a Complaint Form, you are agreeing to fully cooperate with the City Attorney and Investigation & Reconciliation Committee as your allegations are investigated. Failure to fully cooperate may lead to your Complaint being dismissed.

By signing below, I represent that I have had an opportunity to review and make myself familiar with the provisions of Ordinance 9-2016. I further represent that the information contained in this Complaint Form is true and accurate to the best of my personal knowledge. I acknowledge that by filing this Complaint Form, I am subject to a fine not exceeding \$500 if the Investigation & Reconciliation Committee concludes that I intentionally provided false and/or materially misleading information or filed a Complaint for the sole purpose of harassment or other reasons inconsistent with this Ordinance. I am signing this Complaint Form under penalty of perjury.

Print Name:_____

Please answer the following questions. This form must be completed by you prior to your case being submitted for review.

CHARGING PARTY'S INFORMATION:

Last Name: _____
First Name: _____ Middle Initial _____
Address: _____
Zip: _____ City: _____ State: _____
Phone number you prefer to be contacted at: _____
Email Address you prefer to be contacted at: _____

Unless you indicate otherwise, this phone number and email address will used to contact you.

RESPONDENT'S INFORMATION: Party who your complaint is against. Please provide all known information. **If there are additional parties, please attach additional sheets.**

Contact Person: _____
Company Name: _____
Company Address: _____
Title/Position: _____
Address: _____
Zip: _____ City: _____ State: _____
Phone number: _____
Email Address: _____

WITNESS INFORMATION: Please provide all known information as to anyone that might have relevant factual information about the allegations referenced in this Form. Add additional sheets, if necessary.

Name: _____
Address: _____
Zip: _____ City: _____ State: _____
Phone number: _____
Email Address: _____
Brief Description as why you included this person: _____

