Charlottesville City Discrimination Form

HUMAN RIGHTS TASK FORCE

The purpose of the Human Rights Task Force is to study the need for a Human Rights Commission in Charlottesville. During the next ten months, members of the task force will gather and analyze data, meet and dialogue with representatives from other human rights commissions and develop a set of recommendations for City Council to consider. If you feel you have recently been subjected to discrimination, please provide the following information that will allow us to track your complaint and follow-up with your efforts to find a resolution to your grievance.

This form is used only for the purposes of tracking alleged discrimination.

You can access this form online at: www.charlottesville.org/humanrights or call 434-970-3050 for assistance over the phone. You can also get copies of this form at several locations within City Hall.

A.Personal Information

Name: ☐Ms. ☐Mr. ☐Mrs. ☐Miss _____

Address _____

Address_____

Check your preferred method of contact:

☐PHONE:_____

☐EMAIL:_____

ETHNICITY/RACE (select one or more)

☐Hispanic or Latino ☐American Indian/Alaskan Native ☐Other _____

☐Black/African American ☐White ☐Asian ☐Native Hawaiian/Pacific Islander

B.Basis of Your Complaint – check all that apply

☐Age ☐Sexual Orientation

☐Skin Color ☐Family/Medical Information

☐Disability ☐Veteran Status

☐Religion ☐National/Ethnic Origin

☐Gender ☐Retaliation

☐Political Affiliation

☐Other/Aren't sure – explain _____

In what area were you discriminated?

☐ Employment

☐ Housing

☐ Education

☐ Business

☐ Other _____

C.What have you done to resolve this issue?

☐ Nothing, this is my first attempt ☐ Email, letter, phone call to manager/supervisor

☐ Face – to – face interaction ☐ Filed a grievance with my employer

☐ Contacted a local agency: which one? _____

☐ Contacted a state agency: which one? _____

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D. Who allegedly discriminated against you?

_____

_____

_____

E. Incident Description – please describe your complaint and include date and approximate time of day the incident occurred.

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Please return to: City Manager's Office
P.O. Box 911
605 East Main St.
Charlottesville, VA 22902

You can also FAX this form to 434-970-3890. For questions, please contact humanrights@charlottesville.org or call 434-970-3050.