



Ferguson Human Rights Commission Complaint Form

Complete this form and return to Ferguson City Hall, Attention: Human Rights Commission, 110 Church Street, Ferguson, MO 63135. Complaints can also be scanned and emailed to hrc@fergusoncity.com. A complaint of discrimination must be filed within the time limit imposed by law, within 90 days of the occurrence. Answer all questions that pertain to your situation as completely as possible. Attach additional pages if necessary to complete your response. **By filing this complaint, you acknowledge that it is a public record and a copy will be given to the person who allegedly committed the discriminatory act or unfair practice.**

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone #: _____ Email: _____

Is your complaint related to...? (please check one of the boxes below)

☐

Public Accommodations

☐

Employment

☐

Housing

1. Describe your complaint about the alleged discriminatory or unfair practice. (Attach additional pages if necessary)

2. When did the discrimination occur? (Date and Time)

3. How did the alleged discriminatory or unfair practice affect you? (Attach additional pages if necessary)

4. Where did the discrimination take place? (Location Address)

5. Is there any additional information about the complaint you wish to provide?

Signature of Complainant

Date