

**ALBUQUERQUE HUMAN RIGHTS OFFICE
COMPLAINT FORM**

Print this form and mail to the below address, or call (505) 924-3380 with this information.

Albuquerque Human Rights Office
Investigations Unit
P.O. Box 1293
Albuquerque, NM 87103

Today's Date: _____

Who referred you to us? _____

Person making complaint

Name: _____

Address: _____

City: _____

Daytime Phone: _____ Evening Phone: _____

Who else can we call if we cannot reach you?

(1) Contact's Name: _____

Daytime Phone: _____ Evening Phone: _____

(2) Contact's Name: _____

Daytime Phone: _____ Evening Phone: _____

Complaint Information

1. What happened to you? How were you discriminated against?

2. What kind of discrimination?

- EMPLOYMENT HOUSING PUBLIC ACCOMMODATION OTHER

3. On what basis were you discriminated against?

- | | | |
|--|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin/Ancestry |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Sex (gender) |
| <input type="checkbox"/> Sex (pregnancy) | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Familial Status |
| <input type="checkbox"/> Age | <input type="checkbox"/> Other | |

4. Why do you believe you were discriminated against?

5. Who do you believe discriminated against you?

Name: _____

Phone: _____

Address: _____

City: _____

Type of business, housing or public accommodation: _____

6. Where did the alleged discrimination occur?

Address: _____

Phone: _____

7. When did the last act of discrimination occur? Or is it ongoing?

Date: _____