



For internal use only

Complaint of Discrimination File Number:

COMPLAINT OF DISCRIMINATION

Complaints filed with the City of Columbia Human Rights Commission must be filed within 180 days of the last act of discrimination. The act of discrimination must have occurred within the Columbia city limits to be investigated by the City of Columbia Human Rights Commission.

Name of Complainant: (person filing complaint)

Type of Discrimination: (Please check one)

- Employment Housing Public Accommodation Retaliation

Discrimination Based On: (Please check all that apply)

- Ancestry Color Race National Origin Religion Handicap Sexual Orientation Marital Status Gender Identity or Expression Sex (including sexual harassment) Age (employment discrimination only) Familial Status (housing discrimination only) Receipt of Governmental Assistance Alienage or Citizenship Status Status as a Victim of Sexual or Domestic Violence Order of Protection Status Source of Income

Date of most recent alleged act of alleged discrimination (mm/dd/yyyy):

Date input field

Have you filed a complaint with any other civil rights enforcement agency?

- YES NO

If YES, what other agency did you file with?

- Missouri Commission on Human Rights Equal Employment Opportunity Commission U.S. Dept. of Housing and Urban Development Other:

Date you filed with agency:	
Contact Person:	
Contact Phone:	

May we contact this agency about your complaint of discrimination? YES NO

This Complaint may be filed with the Missouri Commission on Human Rights unless the protected category is not covered under State or Federal Law.

Please read the following statement and check one of the boxes:

If both parties agree, they can pursue early resolution prior to investigation. The case can either be conferenced with the City of Columbia - Law Department staff or the parties can participate in mediation with Mediation Service offered through the University of Missouri-Columbia School of Law's Center for Dispute Resolution. The Human Rights Commission has a cooperative agreement with the Center for Dispute Resolution for mediation service; as a result of this agreement, there is no charge to parties wishing to take advantage of this service. At this time are you interested in pursuing early resolution of your case?

<input type="checkbox"/>	<i>Yes, I would like to try to resolve my case prior to investigation</i>
<input type="checkbox"/>	<i>No, I would not like to try resolve my case prior to investigation</i>

RESPONDENT INFORMATION:

Respondent(s): <i>(Business, organization, or person against whom complaint of discrimination is being filed)</i>	
Street Address:	
Contact Name and Title:	
Contact Phone:	

COMPLAINT INFORMATION:

Explain the particulars of how you believe you were discriminated against by the Respondent. Please be concise. If more space is needed, please sign and date each additional page.

Who said or did the act of discrimination?

Where did the incident occur?

Other particulars of alleged discriminatory act/s against you:

If you have any questions, please contact:

City of Columbia, Missouri
Diversity, Equity and Inclusion Administrator
701 E. Broadway, 2nd Floor
P.O. Box 6015
Columbia, MO 65205-6015

- Phone: (573) 874-6259
- HumanRights@como.gov