



CITY OF ALEXANDRIA
HUMAN RELATIONS COMMISSION
COMPLAINT FORM

COMPLAINANT'S NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

NAME OF RESPONDENT: _____

ADDRESS OF RESPONDENT: _____

DATE OF ALLEGED VIOLATION: _____

COMPLAINT *(YOU MAY ATTACH ADDITIONAL PAGES IF NEEDED):*

RELIEF I AM SEEKING:

SIGNATURE: _____

(PLEASE NOTE THAT TO THE EXTENT ALLOWED BY LAW, COMPLAINTS SHALL BE HELD IN STRICTEST CONFIDENCE).

