MISSOURI COMMISSION ON HUMAN RIGHTS

# THIS IS NOT A COMPLAINT

## COMPLAINANT INTERVIEW FORM

☐ FEPA _____

☐ EEOC _____

| Last Name, First, Middle Initial *(Mr., Ms. or Mrs.)* | Race | Religion | Sex | National Origin | Social Security Number |
|---|---|---|---|---|---|
| | | | | | |

| Address | City | State | Zip Code |
|---|---|---|---|
| | | | |

| Email Address | Preferred Contact Telephone Number *(Include Area Code)* | Date of Birth |
|---|---|---|
| | | |

| Name of Company that discriminated against you (employer, union, business, real estate owner, etc.). It is important to list its correct legal name. Look for it on your paycheck stub, W-2 form, or on other company documents. | Telephone Number |
|---|---|
| | |

| Street Address *(Where you work/worked-if employment complaint)* | City | State | Zip Code |
|---|---|---|---|
| | | | |

1. What type of business is this?

2. If this is an employment complaint, then list the approximate number of employees IN MISSOURI.

3. Check the reason you were discriminated against (write in your race, age, etc., when applicable to complaint you are filing)

☐ Race or Color _____ ☐ Religion _____ ☐ Sex _____ ☐ National Origin _____

☐ Disability _____ ☐ Age _____ ☐ Other _____ ☐ Retaliation _____

EXPLAIN WHY YOU FEEL THE CHECKED REASON(S) HAPPENED TO YOU:

4. Date of most recent act of alleged discrimination. _____

Continuing Action ☐ Yes ☐ No

5. Have you filed this complaint with any other agency? ☐ Yes ☐ No

If yes, give date filed and agency name.

6. Name, address, and phone number of someone (other than someone living at the above address) who will always know how to contact you.

Name _____ Phone # _____

Address _____

Relationship _____

7. What relief or remedy do you desire?

8. If the organization or person you're complaining about is located within the city limits of St. Louis or Kansas City, check this box. ☐

| 9. Signature | Date |
|---|---|
| | |

# Please Complete Back

Please provide the following in writing or if you prefer, call the following number _____ and provide the information to the MCHR staff person who answers your call.

1. Provide a brief summary of the events that led to your contacting the MCHR.

_____
_____
_____
_____
_____
_____
_____

2. Provide the names of any witnesses (if known) to the incidents you describe above. Briefly indicate what information each person can provide and include the witnesses' name, address, and telephone number.

_____
_____
_____
_____
_____
_____
_____

3. Provide the names of persons who did the same thing as you and indicate how they were treated. Identify these people by name, title, and if your complaint is on account of race, for example, indicate the race. If sex, then list the sex, etc. Also explain what they did and how they were treated.

_____
_____
_____
_____
_____
_____
_____

Use additional pages if necessary. Return all to the Missouri Commission on Human Rights at:

_____