

ROCKLAND COUNTY COMMISSION ON HUMAN RIGHTS
CONFIDENTIAL PERSONAL INFORMATION SHEET

Date: _____

Name:		Phone No.	E-Mail
Address:		City, State, Zip Code	
Date of Birth:	Place of Birth:	Social Security No. (Optional)	
Race:	Marital Status:	Education (Highest Year Completed)	
Occupation/Position:	Your Salary/Wages:	No. of Years Employed:	

CONTACT PERSON (someone who will always know how to contact you):

Name:	Phone No.:
-------	------------

WHO DISCRIMINATED AGAINST YOU:

Present/Former Employer Landlord Agency Business Other

Name:	Phone No.:
Address:	

FOR DEPARTMENT USE ONLY (Do not write in this space):

For housing complaints only:

What kind of housing or property was involved: <input type="checkbox"/> Single family house <input type="checkbox"/> A house or building for 2, 3 or 4 families <input type="checkbox"/> A building for 5 families or more <input type="checkbox"/> Other	Did the owner live there? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Is the house or property: <input type="checkbox"/> Being sold? <input type="checkbox"/> Being rented?	What is the address of the house or property?
--	---	--	--

Interview: SRN <input type="checkbox"/> DJG <input type="checkbox"/> Date: Call <input type="checkbox"/> Visit <input type="checkbox"/> Other <input type="checkbox"/>	Area: Employment <input type="checkbox"/> Housing <input type="checkbox"/> Public Accommodation <input type="checkbox"/> Social Services <input type="checkbox"/> School <input type="checkbox"/> Police <input type="checkbox"/> Volunteer Fire Dept. <input type="checkbox"/> Other <input type="checkbox"/>	Basis: Race/Color <input type="checkbox"/> Creed <input type="checkbox"/> Age <input type="checkbox"/> National Origin <input type="checkbox"/> Marital Status <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Gender/Sex <input type="checkbox"/> Retaliation <input type="checkbox"/> Prior Arrest/Conviction <input type="checkbox"/> Familial Status <input type="checkbox"/> Presence of children under 18 <input type="checkbox"/> Pregnant female <input type="checkbox"/> Disability <input type="checkbox"/> Sexual Orientation <input type="checkbox"/>
--	---	--

RCHR NO.:
NYS DHR or HUD NO.

Date: _____

COMPLAINT SUMMARY

Who or what company is this Complaint against?

Name. _____

Address. _____

Phone. _____

When did you move in/Join? (Housing/Volunteer F.D.) _____

When were you hired? (Employment) _____

When did you seek the service/Public Accommodation? _____

Do you have a Lease/Contract? Yes _____ No _____

If Yes, give start and end dates. Start _____ End _____

Why do you believe what happened to you is unlawful?

Where did this happen? _____

Who are your helpful witnesses? _____

Were there any injuries or damages: _____

When did this happen? _____
