

**A. Intake Form**

<b>THE CITY OF DOVER HUMAN RELATIONS COMMISSION                      INTAKE FORM / DISCRIMINATION COMPLAINT FORM</b>				
Name of person or organization filing: (last name, first name, middle initial) <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Home Phone: (   )	Business Phone: (   )	Fax: (   )
Street Address:	City:	County:	State:	Zip Code:
Identify the contact person that the Commission should notify:				
List the name, address and telephone number of any person or organization that you believe should be invited to appear before the Commission to help resolve your concern:				
Summarize what has or will occur that has given rise to your concern. Use this space for a brief and concise statement of facts (who, what, where, when, why, how). Additional details may be submitted on an attachment.				
What relief or action is being requested?				
Completion of the following questions is <b>OPTIONAL</b> :				
Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____				
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female      Age: _____      Nation of Origin: _____				
If Applicable, Basis of Discriminatory Action(s):				
<input type="checkbox"/> RACE	<input type="checkbox"/> SEX	<input type="checkbox"/> MARITAL STATUS		
<input type="checkbox"/> COLOR	<input type="checkbox"/> NATIONAL ORIGIN/ANCESTRY	<input type="checkbox"/> VETERAN'S STATUS		
<input type="checkbox"/> RELIGION/CREED	<input type="checkbox"/> PHYSICAL/MENTAL DISABILITY	<input type="checkbox"/> GENETIC INFORMATION		
<input type="checkbox"/> AGE	<input type="checkbox"/> MEDICAL CONDITION	<input type="checkbox"/> RETALIATION		
Date and place of alleged discriminatory actions. Please include earliest date of discrimination and most recent date of discrimination:				
_____				
_____				
_____				
How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional page(s), if necessary).				
_____				
_____				
_____				

**A. Intake Form**

**NOTICE: ALL DOCUMENTS AND TESTIMONY PRESENTED TO THE HUMAN RELATIONS COMMISSION ARE AVAILABLE TO THE PUBLIC AND THE PRESS.**

Signature:

Date:

This form was delivered to: \_\_\_\_\_ (person) on \_\_\_\_\_ (date),  
located at \_\_\_\_\_ (address).

This form was mailed to: \_\_\_\_\_ (person) on \_\_\_\_\_ (date),  
located at \_\_\_\_\_ (address).

**A. Intake Form**

**THE CITY OF DOVER HUMAN RELATIONS COMMISSION  
RECORD OF ACTION**

Case No. \_\_\_\_\_

**CITY CLERK ACTION:**

1. On \_\_\_\_\_ (date), the INTAKE FORM was received by the City Clerk's Office.
2. On \_\_\_\_\_ (date), the concerns expressed in the INTAKE FORM were placed on the New Business section of the Agenda for the Commission meeting to be held.
3. On \_\_\_\_\_ (date), a copy of the INTAKE FORM was mailed to members of the Commission along with the Agenda for the Commission meeting.
4. On \_\_\_\_\_ (date), notice of the date, time and location of the Commission meeting at which the concern(s) expressed in the INTAKE FORM will be considered by the Commission was mailed to the following:
  - a.) the party(ies) filing the INTAKE FORM;
  - b.) the interested party(ies) identified in the INTAKE FORM; and
  - c.) the person(s) or entity(ies) who caused the concern(s) to be raised.
5. On \_\_\_\_\_ (date), notice of the Commission's final action was sent to the person(s) filing the INTAKE FORM and the other party(ies) listed on the INTAKE FORM.

**COMMISSION ACTION:**

1. On \_\_\_\_\_ (date), the Commission decided it did/did not have jurisdiction over the matters set forth in the INTAKE FORM.
2. On \_\_\_\_\_ (date), the Commission considered the matters set forth in the INTAKE FORM.
3. On \_\_\_\_\_ (date), the Commission took the following action:

---

---

---

---

---