

NON-EMPLOYEE DISCRIMINATION COMPLAINT FORM

Complainant's Name _____

Address _____ City _____ Zip _____

Telephone Number _____ Email Address _____

Person who was allegedly discriminated against (if other than Complainant):

Name _____

Address _____ City _____ Zip _____

Telephone Number _____ Email Address _____

Identify the protected classification(s) upon which the alleged discrimination is based (race, color, national origin, sex, disability, age, etc.): _____

On what date(s) did the alleged discrimination take place? _____

Where did the alleged discrimination take place? _____

Describe the alleged discrimination. What happened and who (name and title if known) you believe was responsible? _____

List names and contact information of other people who may have knowledge of the event?

What can the Town do to resolve the complaint? _____

Have you filed your complaint with another federal, state or local agency or with a federal or state court? _____

If your answer is yes, which agency/court? _____

Complaint Information: _____

If you have an attorney in this matter, please provide the following contact information:

Name _____

Address _____ City _____ Zip _____

Telephone Number _____ Email _____

Sign this complaint in the space below. You may attach additional documents or materials you believe support your complaint.

Signed _____ Date _____

Mail to: Town of Holden Beach
 Attn: Town Clerk
 110 Rothschild Street
 Holden Beach, NC 28462
 (910) 842-6488

Note: If assistance completing this form is needed, contact the Town Clerk at (910) 842-6488, heather@hbtownhall.com or in person at 110 Rothschild Street, Holden Beach, NC 28462.