

CITY OF LAFAYETTE  
HUMAN RELATIONS COMMISSION  
COMPLAINT PROCESS

The Human Relations Commission of the City of Lafayette investigates complaints of discrimination in the City of Lafayette.

**Discrimination:** Any difference in the treatment of a person, including exclusion or segregation because of race, sex, religion, color, sexual orientation, disability, familial status, national origin, gender identity, age or veteran status.

The alleged discrimination must take place within the City limits of Lafayette in

**Employment:** Working for another for wages or salary, but excluding an individual employed by parents, spouse or child, or in the domestic services of another and employment by a church, church school, or church affiliated day care center.

**Housing:** Any building or structure that is occupied as, or designed or intended for occupancy as a residency by one or more families.

**Public Accommodations:** Any place which is open to, accepts, or solicits the patronage of the general public or offers goods or services to the general public, but does not include any place which is a bona-fide private club where the accommodations, facilities, and services are restricted to the member of such club and their guests.

This complaint form must be filed with the Human Relations Commission no later than 90 days after the alleged discrimination occurred. The complaint form can be sent to:

**Lafayette Human Relations Commission**  
20 N 6th St  
Lafayette, IN 47901

**Email:** [hrhelpdesk@lafayette.in.gov](mailto:hrhelpdesk@lafayette.in.gov)

After the complaint form is received, the Human Relations chairperson and the City Attorney will review the form for appropriateness. If the complaint is appropriate, the commission members and the agency or institution named in the complaint will be notified. You and the agency or institution will be given the opportunity to participate in mediation. The Commission will appoint a mediator to facilitate the mediation. Should you or the agency or institution decline mediation or a resolution cannot be reached as a result of mediation, the Commission will appoint an investigator(s) to contact you regarding all the pertinent facts.

The Commission may take the following action:

1. If the Commission finds that the facts do not support your complaint, you and those charged with the alleged discrimination will be notified in writing.
2. If the Commission finds cause to believe that you have been discriminated against, it will try to reach an agreement satisfactory to you and the party or parties you have charged.
3. If an agreement is not reached within a reasonable period of time, the Commission may hold a formal hearing after providing a ten day notice by registered mail to all parties. All persons so notified may be represented by counsel and may present evidence. When all relevant information has been furnished to the Commission and the parties have been given an opportunity to be heard, the Commission will make a determination and may order compliance with the Commission's decision.
4. If compliance cannot be achieved, the matter may be referred to the City Attorney for appropriate action. A fine of up to \$300 can be levied against all persons not appearing for the hearing after they have been properly notified.

All information provided in the complaint is subject to disclosure under the Open Door Law. Additionally, all information reported will be shared with the respondent to allow for an informed response to the allegation.

City of Lafayette  
DISCRIMINATION COMPLAINT FORM

Your name \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ e-mail \_\_\_\_\_

If needed, name of person who knows where to contact you: \_\_\_\_\_

Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Name of the person, agency or institution you are charging with discrimination.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is this address inside the Lafayette City Limits? Yes \_\_\_ No \_\_\_ (check one)

The alleged discrimination occurred in (check one)

Employment \_\_\_\_\_ Public Accommodations \_\_\_\_\_ Housing \_\_\_\_\_

If employment, size of the employer's labor force: (check one) 1-5 \_\_\_ 6-14 \_\_\_ 15 or more \_\_\_

If housing, number of units in the building: (check one) 4 or less \_\_\_ more than five \_\_\_

The alleged act of discrimination was because of: (check one) Race \_\_\_ Sex \_\_\_

Religion \_\_\_ Color \_\_\_ Sexual Orientation \_\_\_ Disability \_\_\_ Family Status \_\_\_

National Origin \_\_\_ Gender Identity \_\_\_ Age \_\_\_ Veteran Status \_\_\_

The most recent date of the alleged discrimination: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Please name any others you are charging with discrimination:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The Commission shall not consider any complaint concerning any matters for which the Complainant has filed, or intends to file, complaints with the EEOC or Indiana Civil Rights Commission. Have you filed a complaint with any other business, organization, court or governmental organization? (check one)

Yes \_\_\_ No \_\_\_ If yes, please provide the name of the group, the date the complaint was filed and the status of the complaint.

Name of the Organization or agency \_\_\_\_\_

Date of filing \_\_\_\_\_

Status of complaint:

\_\_\_\_\_  
\_\_\_\_\_

I swear or affirm under penalties for perjury the attached complaint is true to the best of my knowledge and information.

Your Signature \_\_\_\_\_

Date \_\_\_\_\_

## City of Lafayette Discrimination Complaint

Please explain your reasons for filing your complaint. Explain why you believe you were discriminated against. Be specific, print or type clearly and use as many pages as are necessary.

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There are no vertical margin lines, text, or other markings on the page.

*Please use additional pages if you need.*