Discrimination Complaint Form

Complete this form to file a complaint of discrimination at any place of public accommodation located in Buncombe County, or to file a complaint of discrimination with respect to a Buncombe County Government program or activity. There is no cost to file a complaint.

Your discrimination complaint will be reviewed by the Buncombe County Administrative Coordinator who manages the NDO to determine if the alleged acts that might violate Buncombe County's Ordinance Prohibiting Discrimination in Employment and Public Accommodations. The County's Administrative Coordinator will contact you for any additional information needed to complete this review. If your complaint involves a possible violation of one Buncombe County's Ordinance Prohibiting Discrimination in Employment and Public Accommodations, the County's Ordinance Prohibiting Discrimination in Employment and Public Accommodations, the County's Administrative Coordinator will serve you and the person and/or organization alleged to have discriminated against you with a copy of your complaint and a notice advising you of your procedural rights and obligations within ten days after the filing of your complaint.

Your Personal Information:

Name:			
(First)	(Middle)	(Last)	
Email Address:			
Mailing Address:			
(Street Address)	(City)	(State) (Zip Code)	
Daytime Phone Number:	Evening Phone Number:		
Best Time to Call:			
Who else can we call if we cannot	reach you?		
Contact Number 1:			
Name:			
(First)	(Middle)	(Last)	
Email Address:			
Mailing Address:			
(Street Address)	(City)	(State) (Zip Code)	
Daytime Phone Number:	Evening Phone	Number:	
Best Time to Call:			
Contact Number 2:			

Name:				
(First))	(Middle)	(Last)	
Email Address:				
Mailing Address:				
<u> </u>	(Street Address)	(City)	(State) (Zip Code)	
Daytime Phone Number:		Evening Pho	ne Number:	
Best Time to Call:				

Complaint Information

What happened to you? Provide a specific and detailed description of the decision(s) or actions(s) including the date (or date range) which is alleged to have constituted unlawful discrimination in violation of Buncombe County's Ordinance Prohibiting Discrimination in Employment and Public Accommodations. Describe the harm alleged to have occurred, or which will occur, because of the alleged discrimination.

Why do you believe you are being discriminated against (check all that apply)?

Race	□ National origin or ancestry
Natural hair or hairstyles	□ Marital or familial status
Ethnicity	□ Pregnancy
Creed	□ Veteran status
Color	□ Religious belief or non-belief
Sex	□ Age
Sexual orientation	□ Disability
Gender identity or expression	Other

Briefly explain why you think your rights were denied because of any the factors listed above.

Who do you believe discriminated against you?

Name:					
(First/Name of C	Organization)	(Middle)		(Last)	
Identify the partie discrimination (att	-	ubjected to, or pote ets if necessary).	ntially imp	acted by	the alleged
Impacted Party 1					
Name:					
(First/Name of C	Organization)	(Middle)		(Last)	
Email Address:					
Address:					
	(Street Address)	(City)	(State)	(Zip Code)	
Impacted Party 2					
Name:					
(First/Name of C	Organization)	(Middle)		(Last)	
Email Address:					
Address:					
	(Street Address)	(City)	(State)	(Zip Code)	
Where did the alleg	ged act of discrimin	nation occur?			
Address:					
	(Street Address)	(City)	(State)	(Zip Code)	

When did the last act of discrimination occur?

Date:

Is the alleged discrimination continuous/on-going?

□ Yes

🗆 No

Verification

I, the undersigned declare under penalty of perjury that the foregoing is true and correct.

Executed on			20 .		
	(Month)	(Day)	(Year)		
Printed Name:					
	(First)		(Middle)	(Last)	
Signature:					