

Appendix A

COMPLAINT FORM EQUAL OPPORTUNITY AND FAIR HOUSING

CITY OF MACOMB, ILLINOIS

NAME _____

ADDRESS _____

DEPARTMENT _____

TELEPHONE (Work) _____ (Home) _____

Do you believe that you have been discriminated against because of **race, color, religion, sex, national origin, citizenship status, ancestry, age, order of protection status, marital status, familial status, physical or mental disability, arrest record, pregnancy, military status, sexual orientation, unfavorable discharge from military service, or another protected class?**

If so, please circle the basis for the alleged discrimination.

Did the alleged discrimination occur in hiring, promotion, demotion, layoff, termination, housing, or other? Please explain.

Please explain why you believe that you have been discriminated against. If you can, state the name and position of the people involved, and the date(s) when the alleged discrimination occurred, and the details of what happened. (Attach additional paper, if necessary).

I request the City of Macomb to conduct an investigation to determine whether any discrimination occurred. This complaint does not affect any other rights that I may have under state/federal law.

Signature _____ Date _____

City of Macomb, ATTN: City Administrator, P.O. Box 377, Macomb, IL