

**TIPPECANOE COUNTY HUMAN RELATIONS COMMISSION
VERIFIED COMPLAINT FORM**

Complainant:
Name: _____
Address: _____

Respondent:
Name: _____
Address: _____

Telephone: Work _____
Home _____

Telephone: Work _____
Home _____

The undersigned, being first duly sworn, states that an act of discrimination has been committed against him or her on (dates) _____ to _____.

State the specific facts concerning the discrimination: Use additional sheets if needed: _____

Has this complaint been filed with any other agency? EEOC? _____ Other? _____
By filing this complaint with the TCHR Commission you may forfeit your right to file this complaint with the Indiana Civil Rights Commission.

What relief are you seeking? _____

Signature of Complainant(s) _____ Date: _____

Subscribed and sworn to before me, a Notary Public, in and for Tippecanoe County, State of Indiana, this _____ day of _____.

My commission expires: _____
Notary Public