



## ISABELLA COUNTY HUMAN RIGHTS COMMITTEE

### Incident Report Form

Anyone in Isabella County who believes that she or he has been discriminated against on the basis of religion, race, color, national origin, age, sex, marital status, sexual orientation, gender identification, misdemeanor arrest record, height, weight, familial status, citizenship status, genetic information, AIDS/HIV status or a physical or mental disability may file a formal Incident Report with the Human Rights Committee.

If appropriate, we also encourage you to submit a complaint to the State of Michigan Department of Civil Rights (MDCR). Please note that the MDCR does not have jurisdiction over discrimination based on sexual orientation or gender identification. Reporting an incident to the Human Rights Committee has no effect on the statute of limitations for filing a complaint with the MDCR. You must still file a separate complaint with that agency within the appropriate time frame of the alleged discriminatory action.

While the Human Rights Committee has no enforcement authority relative to acts of discrimination, by submitting this report you enable us to do the following:

- Record the incident that has occurred; and
- Share the information related to the incident with the Isabella County Board of Commissioners.

In addition, we may, where possible and if necessary,

- Invite you to meet with us for more clarification;
- Follow-up by contacting the entity about whom you have filed a report
- Submit; and
- Recommend to the County Board of Commissioners further action that may be taken.

More importantly perhaps, sharing your experience with us helps us to focus our efforts to educate the community on issues of human rights, and, thereby, work to prevent such violations from occurring in the future.

Please note that as a governmental body, we are bound by the Freedom of Information Act to grant public access to this information upon request.

Please print all information legibly.

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

HRC Incident Report Form

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In the space below, please provide information about the person, employer, business or organization about whom you are complaining:

Name of Organization: \_\_\_\_\_

Name of Individual Accused of Discriminatory Action: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Discrimination was based on (*check all that apply*):

race  color  sex  religion  national origin  sexual orientation

age  disability  other (specify)

\_\_\_\_\_

Date most recent discrimination took place: \_\_\_\_\_

Describe in detail the discriminatory action (*add additional sheets if necessary*):

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

