

This report is confidential, and will only be released with the complainant's permission

Date of Report: ____/____/____ Type of contact: Phone Walk-in Mail Other: _____
Taken by: _____ Day phone: _____ Eve phone: _____
Referral source: _____ Anonymous: Yes No Mailings: Yes No

Complainant (Victim)

Last Name: _____ First Name: _____ MI: _____
Address: _____ Day Phone: _____ m/w/h
City: _____ State: _____ Zip: _____ Eve Phone: _____ m/w/h
E-mail: _____ Fax: _____ w/h
Age: _____ Sex: Male Female Race: Black Latino/a White Other
Sexual Orientation/Gender Identity: Lesbian Gay Bisexual Transgendered

Person Reporting Incident (If Different From Complainant)

Last Name: _____ First Name: _____ MI: _____
Address: _____ Day Phone: _____ m/w/h
City: _____ State: _____ Zip: _____ Eve Phone: _____ m/w/h
E-mail: _____ Fax: _____ w/h
Relationship to victim: _____ Witness: Yes No

Witnesses

Last Name: _____ First Name: _____ Relation: _____
Address: _____ Day Phone: _____ m/w/h
City: _____ State: _____ Zip: _____ Eve Phone: _____ m/w/h
Last Name: _____ First Name: _____ Relation: _____
Address: _____ Day Phone: _____ m/w/h
City: _____ State: _____ Zip: _____ Eve Phone: _____ m/w/h

Respondent (Accused)

Last Name: _____ First Name: _____ MI: _____
Address: _____ Day Phone: _____ m/w/h
City: _____ State: _____ Zip: _____ Eve Phone: _____ m/w/h
E-mail: _____ Fax: _____ w/h
Relationship to victim: _____

Incident(s) - 1= Primary, 2= Secondary, etc.

Date(s) of Incident(s): ____/____/____
Location: _____ City: _____ State: _____ Zip: _____

Type:
Employment:
 Hiring Denied Harassment Promotion Denied Termination Other: _____
Housing:
 Rental Denied Sale/Contract Denied Harassment Evicted Other: _____
Public Accommodations:
 Services Denied Harassment Unequal Treatment Other: _____
Hate Crime:
 Property Damage Harassment Assault Threat Other: _____

Brief Description:

Employment Information

Supervisor's Name: _____ Title: _____ Phone: _____

Date Hired: ____/____/____ Date Fired: ____/____/____

Position: _____ Pay Type: Hourly Salaried Amount: _____ Per: _____

Union: _____ Contract: Yes No Dates: ____/____/____ to ____/____/____

Union Rep: _____

Reason Given For Treatment: _____

Applied for Unemployment: Yes No Date: ____/____/____ Hearing Officer: _____

Decision: Eligible Ineligible Date: ____/____/____ Appealed: Yes No Date: ____/____/____

Action Taken and Outcome: _____

Housing Information

Manager's Name: _____ Title: _____ Phone: _____

Date Rented In: ____/____/____ Date Left: ____/____/____ # of Units: _____

Monthly Rent: _____ Security Deposit: _____ Lease: Yes No Lease Term: _____

Reason Given For Treatment: _____

Hate Crimes Information

Injury: _____

Hospital: _____ Doctor: _____ Expenses: _____

Property Damage: _____ Cost of Repair: _____

Law Enforcement

Were Police Involved: Yes No District/Precinct: _____ Officer: _____

Police Report Taken: Yes No Date of Report: ____/____/____ Investigation Begun: Yes No

Action Taken and Outcome: _____

Did You Call The Human Relations Commission: Yes No Commissioner: _____

Report Taken: Yes No Date of Report: ____/____/____ Investigation Begun: Yes No

Action Taken and Outcome: _____

Did You Call The Kentucky Commission On Human Rights: Yes No Commissioner: _____

Report Taken: Yes No Date of Report: ____/____/____ Investigation Begun: Yes No

Action Taken and Outcome: _____

Did You Call The EEOC: Yes No Commissioner: _____

Report Taken: Yes No Date of Report: ____/____/____ Investigation Begun: Yes No

Action Taken and Outcome: _____