CIVIL RIGHTS COMPLAINT

Use this form to file a civil rights discrimination complaint with the City of Kalamazoo.



Office of Diversity, Equity, and Inclusion 241 W South Street Kalamazoo, MI 49007 www.kalamazoocity.org Need help? Dial 3-1-1 or call 337-8000

Use this form to file a civil rights discrimination complaint with the City of Kalamazoo. Your complaint will be reviewed by the Diversity, Equity, and Inclusion Director and members of the Civil Rights Board. It will be investigated by appropriate personnel and the results of that investigation will be shared with the Civil Rights Board. The Board will then make a recommendation to City Administration to address violations of the ordinance. Complaints that are not related to City of Kalamazoo ordinances will be directed to the appropriate jurisdiction.

I. YOUR INFORMATION	
NAME	
ADDRESS	CITY STATE ZIP
PHONE	EMAIL
II. COMPLAINT INFORMATION	
☐ HOUSING ☐ EMPLOYMENT ☐ F	PUBLIC ACCOMODATION
MOST RECENT DATE OF HARM	
PLEASE DESCRIBE COMPLAINT AND ATTACH DOCUMENTATION TO THIS FORM (IF APPLICABLE/AVAILABLE)	
III. SUBJECT OF COMPLAINT	
PERSON OR ORGANIZATION NAME	
T ENGLINO WILL WILL WILL	
OTDEET ADDESO	A DO ANIZATION CONTACT NAME (IS AVAILABLE (ADDITOR)
STREET ADRESS	ORGANIZATION CONTACT NAME (IF AVAILABLE/APPLICABLE)
PHONE	EMAIL
IV. SIGNATURE	
SIGNATURE OF COMPLAINTANT	DATE