

Complaint of Discrimination

Rapid City Human Relations Commission
300 6th Street,
Rapid City, South Dakota 57701
(606) 394-4110

For RCHRC Use Only

Date Received: _____

Case No.: _____

Your Name: _____ Telephone No.: _____

Street Address: _____ City: _____

State & Zip: _____ Email: _____

Was the discrimination because of (check one, or if more than one applies, check all that do)? ☐ race or color;
☐ Religion/Creed; ☐ National Origin/Ancstry; ☐ Familial Status; ☐ Sex; ☐ Disability

Did the discrimination occur in: ☐ Employment; ☐ Education; ☐ Labor Union Membership;
☐ Housing Accommodations; ☐ Property Rights; ☐ Public Services; ☐ Public Accommodations

Who discriminated against you? (If more than one, list all). List the individual's name, name of company, educational institution, government agency, real estate agent, labor union, etc. if the individual who discriminated against you is associated with one of these.

Name of Person: _____

Name of Organization: _____

Address: _____

City: _____ State and Zip: _____

Other Parties, if any: _____

(Use the back of the form if more room is needed)

Most recent date on which this discrimination took place: _____

Explain what unfair thing was done. Specifically why do you feel it was because of the area of discrimination checked above?

(use back of form if you need more room)

What relief are you seeking from your charge? _____

I will advise the Commission if I change my address or telephone number and I will cooperate with them in the processing of my Complaint in accordance with their procedures. I swear or affirm under penalty of perjury that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Date: _____ Signature: _____

Subscribed and sworn to before me this _____ day of _____ 20____.

Notary Public

My Commission Expires: _____

(SEAL)