

**CITY OF GRAND RAPIDS
OFFICE OF EQUITY AND ENGAGEMENT
COMPLAINT FORM**

Your Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ email: _____

Alternate Phone Number: _____

Date and Time of Incident:

Date: _____ Time: _____

Location of Incident:

Type of Complaint

Housing

Employment

Public Accommodation

Bias Crime Report

Please complete as much information as you are able to in order for us to review your complaint and process it appropriately

Person or Business Complaint is Against:

Name (If known): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: _____ email: _____

Reason for Complaint

Discrimination
Harassment
Bias Crime Report

Because of actual or perceived (Check all that apply)

Race Identify: _____
Ethnicity Identify: _____
Religion Identify: _____
National Origin Identify: _____
Age
Creed
Color
Sex or Gender
Sexual Orientation
Gender Identity or Gender Expression
Disability
Medical Condition
Family Status
Source of Lawful Income
Marital Status
Height or Weight

Statement:

Please share with us information on the incident that you were involved in. You may attach additional information if needed.

Signature:

Signature

Date

Office Use Only:

Received by

Date