



NAVAJO NATION HUMAN RIGHTS COMMISSION

P.O. Box 1689

Window Rock, Navajo Nation (Arizona) 86515

Phone: (928) 871-7436 Fax: (928) 871-7437

www.nnhrc.navajo.org

COMPLAINT FORM

For Official Use Only

Media Packet

Intake No.: _____

Cross Ref. Docket No.: _____

Cross Ref. Federal, State, City or Municipal Agency No.: _____

Letter sent out: _____

Person Making the Complaint

Today's Date: _____

Your Name: _____

Your Mailing Address: _____

City / State / Zip: _____

Daytime Phone: _____ Evening Phone: _____

Chapter Name Your Residence: _____

E-mail Address: _____

*Draw a map to locate your residence on the following sheet>>>>

Who else can we reach if you are unavailable?

(1) Contact's Name: _____ Relation: _____

Daytime Phone: _____ Evening Phone: _____

(2) Contact's Name: _____ Relation: _____

Daytime Phone: _____ Evening Phone: _____

(3) Contact's Name: _____ Relation: _____

Daytime Phone: _____ Evening Phone: _____

Who was present when the incident happened?

(1) Witness' Name: _____

Daytime Phone: _____ Evening Phone: _____

(2) Witness' Name: _____

Daytime Phone: _____ Evening Phone: _____

*Draw a map to locate your residence on this sheet.

2. The type / kind of discrimination.

- Employment* *Housing* *Civil Rights Violation/Hate Crime*
- I Don't Know* *Other:* _____

3. On what basis were you discriminated against?

- Race* *Color* *National Origin/Ancestry* *Religion*
- Gender Identity* *Age* *Sexual Orientation* *Sexual Harassment*
- Mental Disability* *Physical Disability* *Public Accommodations*
- I Don't Know* *Other:* _____

4. Who do you believe discriminated against you?

Name: _____

Address: _____

City / State / Zip: _____

Phone: _____

Please select the department/agency, employer, organization, and/or person which you are filing the complaint against:

- Department/Agency* *Employer* *Organization* *Person*
- Other:* _____

5. When and where did the discrimination occur?

Date(s) of Incident: _____

Address: _____

City / State/ Zip: _____

Location, if address is unavailable: _____

6. Do you currently have an Attorney working on your behalf?

- Yes (If yes, please answer the following questions)* *No*

- A. Attorney's Name: _____
 - B. Attorney's Address: _____
 - C. Attorney's City / State / Zip: _____
 - D. Attorney's Telephone No.: _____
 - E. Has a lawsuit being filed on your behalf? *Yes* *No*
- If yes, what is the file date?** _____ **Case Number:** _____

City/State: _____ Court Location: _____

F. Does your attorney know you are filing this complaint with the Office of the Navajo Nation Human Rights Commission? Yes No

7. Have you filed a complaint with a Federal, State, City or Municipal Agency?

Yes (If yes, please answer the following questions) No Does Not Apply

A. If yes, Agency: _____ File Date: _____

City/State: _____ Case number: _____

Phone: _____

A right to sue letter? Yes No

IN ORDER TO BEGIN THE NECESSARY STEPS TO RESOLVE THE COMPLAINT, THE COMPLAINT FORM MUST BE ENTIRELY COMPLETE.

YOUR ACTIVE PARTICIPATION IS ALSO NECESSARY THROUGHOUT THE PROCESS.

The information I, _____ (Print Name), provided is true and completed to the best of my knowledge. I do hereby authorize the Navajo Nation Human Rights Commission to investigate my complaint and to take the steps necessary to resolve the complaint.

Signature

Date

Mail Completed Complaint Form to:

NAVAJO NATION HUMAN RIGHTS COMMISSION
P.O. Box 1689
Window Rock, AZ 86515

**NAVAJO NATION HUMAN RIGHTS COMMISSION
AUTHORIZATION & RELEASE
OF PROTECTED INFORMATION**

I, _____, request and authorize you to furnish to the NNHRC and/or DNA-People's Legal Services, Inc. the following information, records or reports:

The purpose of this request is: _____
The information requested includes any information protected by the Privacy Act of the 1974, 5 U.S.C. §552A (1976), or other state or federal law, including the United States Constitution and any state constitution.

A photo static copy of this authorization shall be considered effective and valid as the original. This authorization is valid for one year after the date appearing on it.

Client's Signature

Date

Translator Certification (if applicable)

I, _____, can read, write and speak the English language and can speak the _____ language fluently. I certify that I have correctly translated the foregoing to the above-name client and that he/she has affirmed he/she agrees to it.

Client's Signature

Date