

CITY OF LAFAYETTE
HUMAN RELATIONS COMMISSION
COMPLAINT PROCESS

The Human Relations Commission of the City of Lafayette investigates complaints of discrimination in the City of Lafayette.

Discrimination: Any difference in the treatment of a person, including exclusion or segregation because of race, sex, religion, color, sexual orientation, handicap, familial status, or national origin.

The alleged discrimination must take place within the City limits of Lafayette in

Employment: Working for another for wages or salary, but excluding an individual employed by parents, spouse or child, or in the domestic services of another and employment by a church, church school, or church affiliated day care center.

Housing: Any building or structure that is occupied as, or designed or intended for occupancy as a residency by one or more families.

Public Accommodations: Any place which is open to, accepts, or solicits the patronage of the general public or offers goods or services to the general public, but does not include any place which is a bona-fide private club where the accommodations, facilities, and services are restricted to the member of such club and their guests.

This complaint form must be filed with the Human Relations Commission no later than 90 days after the alleged discrimination occurred. The complaint form can be mailed or delivered to the

**Human Relations Commission,
Office of the Mayor,
Lafayette City Hall
20 N. 6th Street
Lafayette, IN 47901**

After the complaint form is received, the Human Relations chairperson and the City Attorney will review the form for appropriateness. If the complaint is appropriate, the commission members and the agency or institution named in the complaint will be notified. The media will be notified 48 hours after the complaint has been received by the Mayor's office. The Commission will appoint an investigator(s) to contact you regarding all the pertinent facts.

The Commission may take the following action:

1. If the Commission finds that the facts do not support your complaint, you and those charged with the alleged discrimination will be notified in writing.
2. If the Commission finds cause to believe that you have been discriminated against, it will try to reach an agreement satisfactory to you and the party or parties you have charged.
3. If an agreement is not reached within a reasonable period of time, the Commission may hold a formal hearing after providing a ten day notice by registered mail to all parties. All persons so notified may be represented by counsel and may present evidence. When all relevant information has been furnished to the Commission and the parties have been given an opportunity to be heard, the Commission will make a determination and may order compliance with the Commission's decision.
4. If compliance cannot be achieved, the matter may be referred to the City Attorney for appropriate action. A fine of up to \$300 can be levied against all persons not appearing for the hearing after they have been properly notified.

City of Lafayette
DISCRIMINATION COMPLAINT FORM

Your name _____ Phone Number _____

Street Address _____ City _____

State _____ Zip Code _____ e-mail _____

If needed, name of person who knows where to contact you: _____

Phone Number _____ Address _____

Name of the person, agency or institution you are charging with discrimination.

Name _____ Phone _____

Street Address _____ City _____

State _____ Zip Code _____

Is this address inside the Lafayette City Limits? Yes ___ No ___ (check one)

The alleged discrimination occurred in (check one)

Employment _____ Public Accommodations _____ Housing _____

If employment, size of the employer's labor force: (check one) 1-5 ___ 6-14 ___ 15 or more ___

If housing, number of units in the building: (check one) 4 or less ___ more than five ___

The alleged act of discrimination was because of: (check one) Race ___ Sex ___

Religion ___ Color ___ Sexual Orientation ___ Handicap ___ Family Status ___

National Origin ___

The most recent date of the alleged discrimination: Month _____ Day _____ Year _____

Please name any others you are charging with discrimination:

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Have you filed a complaint with any other business, organization, court or governmental organization?
(check one) Yes ___ No ___ If yes, please provide the name of the group, the date the complaint was
filed and the status of the complaint.

Name of the Organization or agency _____

Date of filing _____

Status of complaint:

I swear or affirm under penalties for perjury the attached complaint is true to the best of my knowledge
and information.

Your Signature _____

Date _____

