City of the Village of Douglas
86 W. Center St.
PO Box 757
Douglas, MI 49406
PH: 269-857-1438 / FX: 269-857-4751

FIRST NAME: _____ M.I. _____ LAST NAME: _____

PHONE NUMBER: _____ ext. _____

EMAIL ADDRESS: _____

ADDRESS: _____
Street # and Name *Unit #* *City* *State* *ZIP*

PLEASE LIST THE NAMES, ADDRESSES, AND PHONE NUMBERS OF ANY WITNESSES:

WITNESS FULL NAME: _____
First *M.I.* *Last*

WITNESS TITLE: _____ EMAIL: _____

WITNESS PHONE NUMBER: _____ ext. _____

WITNESS ADDRESS: _____
Street # and Name *Unit #* *City* *State* *ZIP*

LOCATION OF INCIDENT: _____
Street # and Name *Unit #* *City* *State* *ZIP*

DATE OF INCIDENT: _____

DISCRIMINATION BECAUSE OF:

- ☐ Race
- ☐ Color
- ☐ Nation Origin
- ☐ Sex
- ☐ Handicap / Disability
- ☐ Age
- ☐ Income Status
- ☐ Retaliation
- ☐ Other
- ☐ Select All

PLEASE EXPLAIN HOW, WHY, WHEN, AND WHERE YOU BELIEVE YOU WERE DISCRIMINATED AGAINST

_____

_____

_____

PLEASE INCLUDE THE URL OF THE WEBPAGE IF THE DISCRIMINATION CLAIM IS RELATED TO THE WEBSITE

_____

Note: Alternate means of filing complaint, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.

To receive a copy of your submission, please fill out your email address below and submit.

Email Address: _____

SUBMIT