



ROCKLAND COUNTY COMMISSION ON HUMAN RIGHTS
CONFIDENTIAL PERSONAL INFORMATION SHEET

Date: _____

Name:		E-Mail	Phone No.
Address:		City, State, Zip Code	
Date of Birth:	Place of Birth:	Social Security No. (Optional) XXX-XX-_____	
Race:	Marital Status:	Education (Highest Year Completed)	
Occupation:	Annual Salary:	No. of Years Employed:	

CONTACT PERSON (someone who will always know how to contact you):

Name & Address:	Phone No.:
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WHO DISCRIMINATED AGAINST YOU?

Present/Former Employer Landlord Agency Business
 Other

Name:	Phone No.:
Address:	



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FOR DEPARTMENT USE ONLY (Do not write in this space):

For housing complaints only:

<p>What kind of housing or property was involved?</p> <p><input type="checkbox"/> Single family house</p> <p><input type="checkbox"/> A house or building for 2, 3 or 4 families</p> <p><input type="checkbox"/> A building for 5 families or more</p> <p><input type="checkbox"/> Other</p>	<p>Did the owner live there?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>Is the house or property?</p> <p><input type="checkbox"/> Being sold?</p> <p><input type="checkbox"/> Being rented?</p>	<p>What is the address of the house or property?</p>
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<p>Interview:</p> <p>CF <input type="checkbox"/> DJG <input type="checkbox"/></p> <p>MH <input type="checkbox"/> _____ <input type="checkbox"/></p> <p>Date: _____</p> <p>Call <input type="checkbox"/> Visit <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p>Area:</p> <p>Employment <input type="checkbox"/></p> <p>Housing <input type="checkbox"/></p> <p>Public Accommodation <input type="checkbox"/></p> <p>Social Services <input type="checkbox"/></p> <p>School <input type="checkbox"/></p> <p>Police <input type="checkbox"/></p> <p>Volunteer Fire Dept. <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p>Basis: Race/Color <input type="checkbox"/> Creed <input type="checkbox"/> Age <input type="checkbox"/></p> <p>National Origin <input type="checkbox"/> Marital Status <input type="checkbox"/></p> <p>Sexual Harassment <input type="checkbox"/> Gender/Sex <input type="checkbox"/></p> <p>Retaliation <input type="checkbox"/> Prior Arrest/Conviction <input type="checkbox"/></p> <p>Familial Status <input type="checkbox"/></p> <p>Presence of children under 18 <input type="checkbox"/></p> <p>Pregnant female <input type="checkbox"/></p> <p>Disability <input type="checkbox"/></p> <p>Sexual Orientation <input type="checkbox"/></p>
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RCHR NO.:

NYSDHR or HUD NO.



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COMPLAINT SUMMARY

Who or what company is this Complaint against?

Name: _____

Address: _____

Phone: _____

Provide date you moved in/joined: (Housing/Volunteer F.D.)

Provide the date you were hired: (Employment)

When did you seek the service/Public Accommodation?

Do you have a Lease/Contract? Yes _____ No _____

If Yes, give start and end dates. Start _____ End _____



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Why do you believe what happened to you is unlawful?

Where/when did this?

Are there helpful witnesses to this? If so, who are they?

Were there any injuries or damages as a result of the incident(s)?



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Check applicable box <input type="checkbox"/> Referral <input type="checkbox"/> Verified Complaint <input type="checkbox"/> Pending	Jurisdiction: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Additional Information Required
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