

Murray Human Rights Commission Complaint Form

Complaint Form must be filed with the City Clerk within 180 days of the incident.

Kim Miles, City Clerk
500 Main Street (City Hall)
Murray, KY 42071
270-762-0300
kimberly.miles@murrayky.gov

1. Person filing complaint

Name: _____
Address: _____

Phone number: _____
Email: _____

If you are filing a complaint on behalf of someone other than yourself, please provide their contact information.

Name of person: _____
Address of person: _____

Phone number: _____

Is the person listed above aware you are filing a complaint on their behalf? Yes___ No___

2. Who or what establishment is the subject of this complaint?

(if unknown, please provide as much information as possible to aid in identification.

Name of person or establishment (Please provide the name of the individual or the name of the establishment, depending on the nature of your complaint):

Address of person or establishment: _____

Phone number of person or establishment: _____

3. Does this complaint pertain to employment, housing, or public accommodation?

Employment

Housing

Public Accommodation

Other: _____

4. Date of incident (Please use the format MM/DD/YYYY. If there are multiple dates, please include them in your description.)

____ / ____ / _____

5. Incident Description: We encourage you to provide a detailed account of the incident, which is the subject of your complaint. Greater detail will assist the Commission in determining the next course of action.

6. Why do you believe this action was taken against you (check all that apply)?

Age (over 40)

Race

Color

National Origin

Familial Status

Sex

- Disability
- Religion
- Gender Identity
- Sexual Orientation

7. Did anyone see or hear what happened, or can anyone provide specific details about the complaint? (For example, specific actions, words, or behaviors that were observed or experienced.)

If yes, please provide their name, address, and phone number. You may use additional sheets or attach additional documents as necessary (e.g., witness statements, evidence). Please ensure all additional information is relevant to the complaint.

Name of person: _____
Address of person: _____

Phone number: _____

8. Has this complaint been filed with another agency?

Yes No

If yes, which agency? _____

The foregoing information is true and correct to the best of my knowledge and belief. I authorize the Commission to collect my personal information for the purpose of investigating my complaint.

_____ Date: ___ / ___ / ___

Signature of the complainant (Required)