



CITY OF HAZARD

Donald "Happy" Mobelini, Mayor
P.O. Box 420, 700 Main Street, Hazard, KY 41702
(606) 436-3171 www.hazardky.gov

Non-Employee Discrimination Complaint Form

If you believe that you have been discriminated against on the basis of race, color, national origin (including limited language proficiency), age, sex, disability, marital status, sexual orientation, or gender identity, or if you believe that one or more of City of Hazard programs is being operated in a fashion that discriminates against a person or group of persons on the basis of race, color, national origin, age, sex, disability, marital status, sexual orientation, or gender identity, you may file a complaint within 90 days of the alleged discrimination. For more information, see City of Hazard's Grievance Procedures for Complaints relating to suspected allegations of discrimination on the basis of race, color, national origin, sex, age, disability, marital status, sexual orientation, and gender identity in City of Hazard, Perry County, Kentucky.

Please fill in the following requested information:

- 1) Complainant's Full Name: _____
- 2) Address: _____
- 3) City: _____ State: _____ Zip Code: _____
- 4) Telephone Number: _____ Email Address: _____
- 5) Person discriminated Against (if other than complainant):
Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Email Address: _____
- 6) Other person(s) who may have knowledge of the event:
Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Email Address: _____

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Email Address: _____

