

Complaint – Lynn Human Rights Commission Form

1. _____

Name, Address, Telephone Number and Email Address of the Complaining Party

2. _____

Name, Address, Telephone Number and Email Address of the Party alleged to have violated the Human Rights Commission Ordinance. The individual or establishment must be located in the City of Lynn.

3. _____

State the Section of the Lynn Human Rights Ordinance alleged to have been violated or the Section of the applicable law to have been violated.

4. _____

A concise statement of facts detailing the alleged violation (an additional statement of facts can be attached to this statement). At a minimum this statement of facts should detail the date of the occurrence, the place of this occurrence and any witness(s) to this alleged occurrence.

Signature of Complainant

Notary

Date: _____