



COMMISSION ON CITIZENS' RIGHTS & COMMUNITY RELATIONS
Incident Report



Shaded area – Office use only:

CASE NUMBER		FORM		FILING DATE	
Name of person or organization alleging harm:			HOME PHONE ()	BUSINESS PHONE ()	
STREET ADDRESS		CITY	COUNTY ERIE	STATE NY	ZIP
EMAIL ADDRESS				May we contact you using this email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Against whom is the complaint being filed?				BUSINESS PHONE ()	
STREET ADDRESS		CITY	COUNTY ERIE	STATE NY	ZIP
Date(s) of the alleged discrimination/incident:					
If the individual you named above appeared to be acting for a company, check here: <input type="checkbox"/> and fill in below:					
Company Name:			Company Address (City, State, Zip):		
If the above complaint pertains to the Buffalo Police Department, please provide the following information, if available.					
Police District: _____					
Number of Police Officers Involved: _____					
Please provide the names of Police Officer(s) and Title(s), if available:					

Reasons you believe you were discriminated against (check all that apply):					
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Ethnic Group <input type="checkbox"/> Vietnam-era or disabled Veteran status <input type="checkbox"/> Retaliation <input type="checkbox"/> Familial Status <input type="checkbox"/> Gender Identity and Expression <input type="checkbox"/> Other (explain):					
Have you filed a complaint with another agency and or Attorney?					
Are there witnesses that you feel could provide evidence in your support? <input type="checkbox"/> Yes <input type="checkbox"/> No			If this complaint is based on employment discrimination please answer the following:		
Name & Telephone Numbers:			Were you given a copy of the Employee Grievance Process? <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____			Was the process explained? <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____			Have you filed a formal grievance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____			If No, do you intend on filing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____			Has your union provided assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
May we contact witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No		How did you hear about us?		Union Name	
				Name of Union Representative	

