

**SPRINGFIELD REDEVELOPMENT AUTHORITY'S  
DISCRIMINATION COMPLAINT FORM**

Name:	Telephone (day):	Telephone (alt):
Address:	City, State, Zip Code:	
Name of Person that You Believe Discriminated Against You:		
Address:	City, State, Zip Code:	
Date of Alleged Incident:		
You were discriminated against because of:		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Age
<input type="checkbox"/> National Origin (Language)	<input type="checkbox"/> Sex	<input type="checkbox"/> Disability
<input type="checkbox"/> Family Status	<input type="checkbox"/> Religion	
<p>Other</p>		
<p>Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also attach any written material pertaining to your case, including contact information for any witnesses to the complain herein.</p>		
Signature:	Date:	