

ROCKLAND COUNTY COMMISSION ON HUMAN RIGHTS  
**CONFIDENTIAL** PERSONAL INFORMATION SHEET

Name:		Phone No.	
Address:		City, State, Zip Code	
Date of Birth:	Place of Birth:	Social Security No.:	
Race:	Marital Status:	Education (Highest Year Completed)	
Occupation/Position:	Your Salary/Wages:	No. of Years Employed:	

**CONTACT PERSON (someone who will always know how to contact you):**

Name:	Phone No.:
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**WHO DISCRIMINATED AGAINST YOU:**

Present/Former Employer  Landlord  Agency  Business  Other

Name:	Phone No.:
Address:	

***For housing complaints only.***

What kind of housing or property was involved: <input type="checkbox"/> Single family house <input type="checkbox"/> A house or building for 2, 3 or 4 families <input type="checkbox"/> A building for 5 families or more <input type="checkbox"/> Other	Did the owner live there? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Is the house or property: <input type="checkbox"/> Being sold? <input type="checkbox"/> Being rented?	What is the address of the house or property?
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<b>Interview:</b> SRN <input type="checkbox"/> DJG <input type="checkbox"/> BB <input type="checkbox"/> EM <input type="checkbox"/> Date:  Call <input type="checkbox"/> Visit <input type="checkbox"/> Other <input type="checkbox"/>	<b>Area:</b> Employment <input type="checkbox"/> Housing <input type="checkbox"/> Public Accommodation <input type="checkbox"/> Social Services <input type="checkbox"/> School <input type="checkbox"/> Police <input type="checkbox"/>	<b>Basis:</b> Race/Color <input type="checkbox"/> Creed <input type="checkbox"/> Age <input type="checkbox"/> National Origin <input type="checkbox"/> Marital Status <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Gender <input type="checkbox"/> Retaliation <input type="checkbox"/> Prior Conviction <input type="checkbox"/> Familial Status <input type="checkbox"/> Presence of children under 18 <input type="checkbox"/> Pregnant female <input type="checkbox"/> Disability <input type="checkbox"/>
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RCHR NO.:
NYS DHR or HUD NO.

