



Navajo Nation Human Rights Commission

P.O. Box 129
St. Michaels, Navajo Nation (AZ) 86511
Phone: (928) 871-7436
Fax: (928) 871-7437
www.nnhrc.navajo-nsn.gov

Complaint Form – Must be Complete for Acceptance

Internal Complaint Number: _____

COMPLAINANT INFORMATION

Full Name: _____
Last First Middle

Address: _____
Mailing Address: P.O. Box or Street Address Apartment/Unit #

City State ZIP Code

*Attach or draw map on a separate sheet of paper if necessary *

Primary Phone: _____ CIB/Enrollment No.: _____

Alternate Phone: _____ Chapter Affiliation: _____

Email Address: _____

Who else can we contact if you are unavailable?

Full Name: _____ Relationship: _____

Address: _____
Mailing Address: P.O. Box or Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: _____ Alternate Phone: _____

DISCRIMINATION INFORMATION

Please identify relevant information regarding the type of discrimination you allege.

Where did the Discrimination Occur?

- Work place Court System School
- Chapter House Police Off Navajo Nation
- Other _____

ATTEMPTS TO RESOLVE COMPLAINT

Please describe if and how you attempted to resolve the discriminatory action(s) against you.

ATTORNEY: Do you currently have an attorney working on your behalf?

Attorney's Name & Firm: _____

Address: _____

Phone: _____

Court: _____

Case Number: _____

File Date: _____

Pending Court Dates: _____

ADMINISTRATIVE AGENCY: Have you filed a complaint with a Federal, State, or City Agency?

Name of Agency: _____

Address: _____

Phone: _____

File Date: _____

Case Number: _____

Pending Hearing Dates: _____

INTERNAL GRIEVANCE: Have you filed an internal grievance with the entity where the discrimination occurred?

Name of Agency: _____

Address: _____

Phone: _____

File Date: _____

Case Number: _____

Pending Hearing Dates: _____

NAVAJO NATION: Have you filed any complaints against the person or entity that discriminated against you in the Navajo Nation?

Name of Department: _____

Contact Name: _____

Address: _____

Phone: _____

File Date: _____

Case Number: _____

Pending Hearing Dates: _____

ACKNOWLEDGEMENT

The information I, _____ (Print Name), provided is true and complete to the best of my knowledge. I do hereby authorize the Navajo Nation Human Rights Commission to investigate my complaint and to take the steps necessary to resolve the complaint.

I agree that the submission of this complaint is not intended to and in no way creates an attorney-client relationship. An attorney-client relationship may only be created with an independent attorney via a written contract of representation.

Signature

Date

**NAVAJO NATION HUMAN RIGHTS COMMISSION
AUTHORIZATION & RELEASE
OF PROTECTED INFORMATION**

I, _____, request and authorize you to furnish to the NNHRC and/or DNA-People's Legal Services, Inc. the following information, records or reports:

The purpose of this request is: _____
The information requested includes any information protected by the Privacy Act of the 1974, 5 U.S.C. §552A (1976), or other state or federal law, including the United States Constitution, and any state Constitution.

A photostatic copy of this authorization shall be considered effective and valid as the original. This authorization is valid for one year after the date appearing on it.

Client's Signature

Date

Translator Certification (if applicable)

I, _____, can read, write and speak the English language and can speak the _____ language fluently. I certify that I have correctly translated the foregoing to the above-name client and that he/she has affirmed he/she agrees to it.

Client's Signature

Date