



Temporary Consumer Complaint Form – Must Be Complete For Acceptance

Complaint Number: _____

COMPLAINANT INFORMATION

Full Name: _____

Last

First

Middle

Address: _____

Mailing Address: P.O. Box or Street Address

Apartment #

City

State

Zip Code

Phone Number: _____ Alternate Phone Number: _____

CIB/Enrollment Number: _____ Chapter Affiliation: _____

WHO ELSE CAN WE CONTACT, IF YOU ARE NOT AVAILABLE?

Full Name: _____ Relationship: _____

Phone Number: _____ Alternate Phone Number: _____

DISCRIMINATION INFORMATION

Please identify relevant information regarding the type of discrimination you are alleging.

WHERE DID THE DISCRIMINATION OCCUR?

Auto Dealership Loan Company Income Tax Location Retail Store Location

Off the Navajo Nation Other: _____ (NOTE: Navajo Nation Government issues will be referred to the appropriate entity).

ON WHAT BASIS WERE YOU DISCRIMINATED?

Race/Navajo Identity Gender Age Disability Language

I don't know Other: _____

WHO DO YOU BELIEVE DISCRIMINATED AGAINST YOU?

Name: _____

Address: _____

Phone: _____



Navajo Nation Human Rights Commission

P.O. Box 129

St. Michaels, Navajo Nation (AZ) 86511

Temporary Mobil Phone: (505) 422-3189

Fax: (928) 871-7437

www.nnhrc.navajo-nsn.gov

NAVAJO NATION HUMAN RIGHTS COMMISSION AUTHORIZATION & RELEASE OF PROTECTED INFORMATION

I, _____, request and authorize you to furnish to the NNHRC and/or authorized legal services the following information, records or reports.

The purpose of this request is for: _____.

The information requested includes any information protected under the Privacy Act of 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 (1) 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 that he/she agrees to it.

Client's Signature

Date