

CITY OF WHEELING HUMAN RIGHTS COMMISSION

GENERAL INFORMATION

Please Read

IMPORTANT

The City of Wheeling Human Rights Commission is empowered by ordinance to investigate complaints filed under the City of Wheeling Human Rights ordinance, as Amended. The City of Wheeling Human Rights Commission does not represent either side in the dispute during the investigative phase. The City of Wheeling Human Rights Commission expects full cooperation from all parties during the investigative phase.

Upon the filing of a formal complaint, the Commission will forward a copy of your complaint(s) to the individual and /or organization named in the complaint(s). The Commission will then commence an investigation into the allegation(s) raised. This investigation may involve interviewing witnesses, requesting appropriate documents, and visiting the facility in question.

After all relevant information is collected and examined; the investigating commissioner makes a recommendation as to the merits of the complaint. A Letter of Determination is sent to you and the individual and or organization named in the complaint.

There are two (2) possible determinations the Commission can issue after completion of an investigation:

- A) No Probable Cause: This means that there was insufficient evidence to support the allegation(s) raised in the complaint(s). An explanation as to why this conclusion was reached is contained in the Letter of Determination. The Letter of Determination will also explain how to request an administrative review of the Investigating Commissioner's ruling.
- B) Probable Cause: This means that there is reason to believe that you have been a victim of discrimination. It does not mean that the individual and/or organization charged is guilty of discrimination.

If a Probable Cause Determination is issued, the Commission will attempt to conciliate the case. The ordinance includes the provision that the Commission may agree to such settlement(s) with the person(s) and/or organization against whom the complaint is filed. A copy of the proposed settlement agreement will be provided to the Complainant.

Should the Complainant have specific objections to the proposed agreement said objections must be in writing and forwarded to the Commission within ten (10) days of the Complainant's receipt of the proposed agreement. If the objections are not met or are withdrawn within ten (10) days of the Commission's receipt, the Commission may limit the public hearing to the Commission's objections.

If conciliation fails, the case may be noticed for public hearing. This is similar to a trial.

The Complainant is entitled to hire an attorney to represent him/her at any time during the Commission's process. The Commission does not pay the Complainant's legal fees. However, should the Complainant prevail, the Commission may award attorney's fees.

The Human Rights Commission is empowered to grant specific types of relief to Complainants. Such relief for Employment, Housing, and Public Accommodation based complaints may include the following:

1. Back pay
2. Reinstatement into the position from which you were discharged, inclusive of all rights and benefits.
3. The position for which you applied and were denied.
4. Admittance/access to the facility and/or services from which you were denied.
5. Verbal and/or written apology.
6. Incidental damages not to exceed \$3,277.45. If an aggrieved party is seeking substantial damages, the proper forum to receive relief is the circuit court.

To assist the Commission during the investigation of your case, please let us know the name of the Investigating Commission with whom your complaint is filed, when you write or telephone our office.

Remember that the Commission's Staff should be able to construct an accurate complaint based on the information you have provided on the Background Information Form. Please type or print clearly.

CITY OF WHEELING HUMAN RIGHTS COMMISSION

INSTRUCTION SHEET

PLEASE READ CAREFULLY

Please be aware of the following:

1. You must file your complaint within 180 days after the most recent date of incident.
2. If you are filing an Employment Information Background Form, there must be twelve (12) or more employees employed by the Respondent within the City of Wheeling. The employer must have the facility located within the boundaries of the City of Wheeling and the complaint must have occurred within the boundaries of the City of Wheeling.
3. If you are filing a Housing or Public Accommodation Information Background Form, the discrimination must have occurred within the boundaries of the City of Wheeling.
4. You must provide the relevant date(s) of the incident(s) involved in your most recent problem. *Failure to do so will result in delays in processing your complaint.*
5. It will not be necessary to telephone our office after returning your Information Background Form.
6. The Commission Staff will inform you by letter if your complaint lacks jurisdiction under the City of Wheeling Human Rights ordinance, as Amended. An attempt will be made to refer you to proper agency or person who may be able to help you.
7. The Commission Staff may contact you for additional information necessary to prepare an official complaint on legal Commission forms if the Commission has jurisdiction in your case.
8. Please answer the questions on the attached form in the spaces provided. DO NOT add attachments or relative information in support of your allegation(s).

The City of Wheeling Human Rights Commission appreciates your patience and attention and we will do our best to serve you in any way we can.

(For Office Use Only)
Date of P.I. Contact _____
Type of Contact: T ___ L ___ WI ___

CITY OF WHEELING HUMAN RIGHTS COMMISSION
1500 Chapline Street, Room 305
Wheeling, WV 26003

TELEPHONE: (304) 234-3609
FAX: (304) 234-6415
TTD: (304) 234-3609
www.wheelingwv.gov

HOUSING COMPLAINT INFORMATION BACKGROUND FORM

THIS IS NOT A CONFIDENTIAL DOCUMENT. Please be advised that upon proper request, a copy of this questionnaire, containing answers and any statements you provide may be released to the person or firm you allege discriminated against you. Any documents attached to this form should be copies, not originals.

PLEASE FILL IN EACH BLANK TO THE BEST OF YOUR ABILITY AND RETURN TO THIS OFFICE. SOME SECTIONS MAY NOT APPLY TO YOUR COMPLAINT. IF SO, YOU MAY ANSWER N/A FOR NON-APPLICABLE.

DATE DOCKET NUMBER(Office Use Only)

1. Your FULL name (Mr., Mrs., Ms.) _____

Street Address _____

City _____ State _____ Zip _____

Phone Number: _____ Date of Birth _____ Age: _____

Social Security Number _____ Sex _____ Race _____

National Origin/Ancestry _____

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INFORMATION BACKGROUND FORM
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The City of Wheeling Human Rights Ordinance prohibits discrimination in the following areas. Which of the ten (10) area(s) below do you believe is/are the reason(s) for which you have been discriminated against? Please check ONLY the categories that you intend to base your complaint upon.

THE CITY OF WHEELING HUMAN RIGHTS COMMISSION ONLY HAS JURISDICTION TO INVESTIGATE CHARGES OF DISCRIMINATION IN THE FOLLOWING AREAS:

2. Was the discrimination because of: (fill in the blanks that are relevant to your case)

- A. RACE White _____ Black _____ Asian or Pacific Islander _____
Americian Indian or Alaskan Native _____ Bi-racial _____
Hispanic _____ Other _____
- B. COLOR _____
(State your color)
- C. ANCESTRY _____
(State your ancestry)
- D. NATIONAL ORIGIN _____
- E. RELIGION _____
(State Denomination)
- F. FAMILIAL STATUS _____ (Legal Custody of Children)
_____ (Pregnant or Adopting)
- G. SEX Male _____ Female _____
- H. BLINDNESS Legally _____ Partially _____ Total _____

**Persons shall be considered blind only if their central vision acuity is not greater than twenty-two hundred (20/200) in the better eye with corrective lenses, or if their vision is greater than twenty-two hundred (20/200) but is sometimes limited in the field of vision not greater than twenty (20) degrees. Please submit a medical statement from your physician indicating your vision limitation.*

I. DISABILITY _____ TYPE OF DISABILITY _____

You must submit a signed medical statement from your physician, which identifies your disability in medical terms. This statement must indicate whether the disability is a Physical or mental impairment and which major lift activity is affected. Failure to provide this statement may result in delay in the processing of your complaint. In order for the mental or physical impairment to qualify as a disability, the City of Wheeling Human Rights Ordinance requires such impairment to limit a person's major life activities. Temporary illnesses or injuries normally do not meet the definition of a disability.

J. RETALIATION _____

The City of Wheeling Human Rights Ordinance prohibits any person, employer, employment agency, labor organization, owner, real estate broker, real estate salesman or financial institution actions in any form of reprisal. It also prohibits discrimination against any person because he or she has opposed any practice or acts forbidden under the Ordinance or because he or she has filed a complaint, testified or assisted in any proceeding under the Ordinance.

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I am _____
(Give race, sex, religion, etc., as it specifically applies to your case).

3. Who do you wish to file your complaint against?

Name of Person or Firm _____

Address _____

City _____ State _____ County _____ Zip _____

Date of Incident Month _____ Day _____ Year _____

(When did it happen?)

Is the discrimination of a continuing nature? _____ Yes _____ No

If yes, when did the harm begin? Month _____ Day _____ Year _____

Description of Incident: (Describe in detail what happened, including dates, places, people involved and why you believe it was discrimination) Use lined sheet attached at back of form if additional space is needed).

4. Is the party named above:

Builder _____

Owner _____

Broker _____

Salesman _____

Other (Please specify)

Building Superintendent _____

Manager _____

Rental Agent _____

Bank or other loan agency _____

5. If you have named an individual in Item Number 3 above, and you know that he/she was acting for a company in this matter, fill in the following information:

Name of Company _____

Address _____

City _____ State _____ County _____ Zip _____

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6. The name and address of any other persons, organizations, or companies you believe should be charged in this complaint:

7. Check what kind of house or property this was involved:

- A. Single Family House _____ B. Mobile Home _____
- C. House or building for 2, 3, or 4 families _____
- D. Building for 5 families or more (including apartments) _____
- E. Other (please specify, including vacant land) _____

8. Is the house or property: _____ For Sale _____ For Rent

9. What did the person or firm against whom you are complaining do?

- A. Direct you to all White, Integrated or Predominately Black area _____
- B. Refuse to rent, sell or deal with you _____
- C. Discriminate in the conditions or the terms of sale, rental, or occupancy _____
- D. Advertise in a discriminatory way _____
- E. Falsely deny housing was available _____
- F. Engage in public peddling _____
- G. Discriminate in financing _____
- H. Evict from premises _____
- I. Other (please specify) _____

10. What is the name and address of the property involved: (Give name of subdivision or apartment complex, if applicable):

Name _____ Phone _____
Address _____ Apt. No. _____
City _____ County _____ State _____ Zip _____

11. Are you still interested in the property? _____ Yes _____ No

12. Other agencies contacted regarding this complaint:

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PLEASE BE AS COMPLETE AS POSSIBLE IN ANSWERING ALL OF THE ABOVE QUESTIONS. THE MORE INFORMATION YOU CAN PROVIDE, THE BETTER OUR STAFF CAN SERVE YOU AND THE MANY TOEHR INDIVIDUALS WHO HAVE FILED COMPLAINTS.

I have not commenced any action, civil or criminal, based upon the allegation(s) set forth above except:

SIGNATURE OF COMPLAINANT

- **Failure to Sign may result in delay of processing your complaint.**

NAME OF COMPLAINANT _____ DATE _____

Perhaps the most important aspect of our complaint procedure is the ability of our investigators to contact you by telephone. Therefore, we ask you to fill in the information requested below in order that time delays may be avoided in attempting to contact you by telephone.

1. What is your telephone number (including area code)?
()- _____ - _____.
2. What is the best time of day to telephone you?
_____ AM/PM (circle one) to _____ AM/PM (choose one)
3. Can you be contacted by telephone at your present place of employment?
_____ Yes _____ No Lunch Hour _____
4. What is the best time of day to contact you at your place of employment?
_____ AM/PM (circle one) to _____ AM/PM (choose one)
5. If you cannot be telephoned at home or work, or even if you can, please provide the Commission with the name and telephone number (including area code) of a neighbor, friend, or relative who can always get a message to you quickly.

Name _____

Relationship to you _____

Telephone Number ()- _____ - _____.

NOTE: Please advise this person that you have provided the Commission with their name and telephone number. Also, let them know that the Commission may contact them with a message for you, and that it is important to get the message to you quickly.

