

**City of Mt. Pleasant, Michigan
Human Rights Initial Inquiry Form**

Contact Information

Name:

Today's date:

Primary phone:

Secondary Phone:

Email address:

Address:

How would you prefer we contact you?

Inquiry Information

How were you discriminated against?

Why were you discriminated against?

When and where did the incident occur?

Completed Form

Please fill out this form to the best of your ability. Mail the completed form and any attachments to:
**City of Mount Pleasant, City Manager's office
320 West Broadway, Mt. Pleasant, MI 48858**

You may also drop off the form in person. If you have any questions, call City Hall at 989-779-5323 during normal business hours (Monday-Friday, 8 a.m. to 4:30 p.m.)