

City of La Crosse Human Rights Commission Complaint Form

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COMPLAINANT INFORMATION (YOURSELF)

Name * Jared T Endres

Address * 2121 Sims Place

Phone [REDACTED]

Email [REDACTED]

RESPONDENT INFORMATION (PERSON/PERSON(S) YOU FEEL HAVE DISCRIMINATED AGAINST YOU)

Name * La Crosse police and human services

Address * 400 La Crosse St

Phone [REDACTED]

Email [REDACTED]

TYPE OF DISCRIMINATION ALLEGED

Check the appropriate Category, indicate the Address or Location of facility you were denied the equal opportunity to use or enjoy, and the Basis of the alleged discrimination.

Applicants must be able to demonstrate that they were denied the equal use/enjoyment of a facility **located in the City of La Crosse**.

Category: *
 Housing
 Place of Public Accommodation or Amusement [i.e. restaurant, hotel, retail shop]
 City Facility

Address/Location: * 2121 Sims Place
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Basis (Check all those you feel may apply):
 Sex
 Race
 Religion
 Age
 Disability
 Marital Status
 Color
 National Origin or Ancestry
 Lawful Source of Income
 Physical Appearance
 Sexual Orientation
 Gender Identity or Expression
 Political Activity
 Familial Status
 Domestic Partnership
 Student

FACTS

To the best of your ability, give a detailed statement regarding the facts giving rise to this Complaint. The statement must include the date or dates of the alleged discrimination. City Ordinance provides that a written Complaint **must be filed within 180 days** after the complainant knew or should reasonably have known that the alleged act or acts occurred. Additional pages may be attached to this form if necessary.

Statement *

I was beaten severely by 4 La Crosse city police officers and they broke my expensive personal belongings and should pay & hate on me cuz I'm gay and disabled unacceptable they need to be punished severely