

**COUNTY OF CUYAHOGA
COMMISSION ON HUMAN RIGHTS**

IN THE MATTER OF:

Complainant

v.

Respondent(s)

|

Complaint Number _____

SUPPORTING DOCUMENTATION

Name of each party submitting this information: _____

Witnesses.

Name & Title of Witness	Telephone	Address	Summary of Relevant Testimony

Relevant Documents. If you have a document, send two *photocopies*. Keep the original to introduce as evidence if there is an administrative hearing. If you do not have a document, describe it as specifically as you can, then state who has it and where it is located.

Title or description of document or group of documents	√ Enclosed	-or- Name & address of business or individual who has the document(s)

Signature and address of person making this submission: If signing for a business or organization, include your title or position in it (e.g. owner, manager). It is not necessary to serve supporting documentation on other parties to the case, although you may do so.

Print title, organization, address:

File original and one copy at

**Cuyahoga County Human Rights Commission
c/o Cuyahoga County Department of Law
2079 East Ninth Street, 7th Floor
Cleveland, Ohio 44115
Phone 216-698-6464**