

SUFFOLK COUNTY HUMAN RIGHTS COMMISSION

DO NOT JEOPARDIZE YOUR RIGHTS. COMPLETE AND RETURN THIS FORM TO
THE COMMISSION OFFICE IF YOU MOVE

PLEASE PRINT

SDHR NO: _____

CASE TITLE: _____ vs. _____

COMPLAINANT'S NAME: _____

NEW TELEPHONE NUMBER:(_____) _____

NEW ADDRESS: _____

I WILL BE AT MY NEW ADDRESS ON AND AFTER:

(Date)

Please indicate below the name, address and telephone number of a person who may be contacted if the Division cannot locate you at the address you have provided:

Name: _____

Address: _____

Telephone number(_____) _____

(Complainant's Signature)

(Date)

RETURN TO:

SUFFOLK COUNTY HUMAN RIGHTS COMMISSION
H. Lee Dennison Building
PO Box 6100
Hauppauge, New York 11788-0099