

Please mail completed form to:
Harold Core
Michigan Department of Civil Rights
110 W. Michigan Ave, Suite 900
Lansing, MI 48917

Record of Concern

Please use this form to provide testimony about any civil rights issue affecting migrant workers in Michigan. You do not need to supply your name or contact info (your comments may be anonymous), but this information would be helpful to the Commission's investigation of potential abuses of civil rights in Michigan.

Note: Identification information is requested, but need not be supplied.

<p>Name :</p> <p>Permanent contact information (address, city, state, zip, phone if available):</p>
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Issue of Concern:

Name of farm, business, agency or service provider involved:
(Examples – Xxxx Family Farm, Xxxx Inc., Michigan Department of Xxxx, Xxxx Police Department)

If there have been previous complaints about this matter, who were they made to?
(Please include person's name if known).

Testimony (Explanation of Issue):



(If testimony is continued on reverse or additional pages, the total number of pages is _____)

Form filled out by: ___ interviewer; ___ interpreter. **Date:** _____ **Forum:** _____
Contact information: (Please include at least name, phone and either address or email)

Testimony recorded: ___ CD; ___ audio; ___ video; ___ written. **Witness #** _____