City of Grand Haven Human Relations Commission

Alleged Discrimination Complaint Form

Complainant Name:		Address:
Elizabeth Pell		
City, State, Zip:		Phone Number:
Grand Haven, Mi 49417		
Date of Incident:	Time of Incident:	Location of Incident:
Aug 3, 2022	4pm	BLP 1700 Eaton Dr, GH 49417

All information provided on this form will be kept confidential to the extent it is possible. Please understand that if you wish for your complaint to be investigated it may not be possible for all information to be kept confidential.

For complete details of how this complaint will be handled please review the HRC policies and procedures on the boards and commissions page at www.grandhaven.org.

Complaint Information (please be specific) Attach additional pages if needed

Please refer to video of August 3, 2022 Board of Light and Power meeting held at 1700 Eaton Drive Grand Haven Michigan 49417. For further confirmation you may refer to any other BLP meeting video after the confirmation of the new board in November of 2021. My complaint is to the Board of the BLP and its administrative staff for discrimination of one of its directors. They are using intimidation, ridicule and mockery which interferes with work place performance. I am sure you will agree to the egregious treatment of Director Hendrick. During the August 3rd meeting Director Hendrick was repeatedly asked to not speak or ask questions pertaining to a proposed resolution while other Directors were freely allowed to speak. The Board Chair continued to dismiss Director Hendricks pleas to ask and receive answers to her questions. A vote was then taken without the opportunity for Director Hendrick to be heard. At no time did any member of the BLP staff or the board step up to redirect the Chairman to allow open dialogue for all.

GHHRC Complaint Form

Complainant Signature:	Date:
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Form can be emailed: ATTENTION: HUMAN RELATIONS CHAIRPERSON to ghhousing@grandhaven.org or mailed to: NHS ATTN: HUMAN RELATIONS CHAIRPERSON 11 N. 6th Street Grand Haven MI 49417

Staff Use Only Date:	Received By:
Case Number:	Assigned Investigator(s):