

CLIENT AGREEMENT

Complainant Name: _____
Please PRINT your name

Complainant Address: _____
*Include city,
state, zip*

Contact Telephone: _____
*Include work,
mobile, etc.*

Please read and initial each item below before signing.

I understand and agree that:

1. _____ EHOC will assist me in pursuing a discrimination complaint.
2. _____ EHOC's services are free.
3. _____ I will keep EHOC informed of any address or telephone number changes.
4. _____ I will keep information regarding the investigation confidential.
5. _____ EHOC will only settle this case if I agree.
6. _____ I have the right to pursue my case on my own if EHOC and I disagree.
7. _____ I will notify EHOC if I decide to pursue the case on my own.
8. _____ I won't talk to the other side and will call EHOC if they try to talk to me.
9. _____ EHOC will assist me in finding an attorney if I choose but that the choice of the attorney is mine alone.
10. _____ EHOC may share information and talk with investigators, attorneys and others about my complaint.

Discuss with EHOC staff the following options before choosing the one you want to pursue.

I agree that EHOC has explained the process to me and I want my case handled through:

1. _____ The US Department of Housing & Urban Development (HUD).
2. _____ The Missouri Commission on Human Rights (Missouri cases only)
3. _____ The Illinois Department of Human Rights (Illinois cases only)
4. _____ The Civil Rights Enforcement Agency (City of St. Louis cases only)
5. _____ Litigation/Law Suit with a private attorney (Federal, State, or County Court)

EHOC agrees:

1. _____ To keep information about your situation strictly confidential.
2. _____ To assist you without charge to the extent feasible and allowable by law.

EHOC Staff: _____ Date: _____
Signature and Title

Client Signature: _____ Date: _____