

**Information for Parties Seeking to File a Complaint of
Discrimination Under Tempe City Code Chapter 2 Article VIII
Human Relations Ordinance**

Enclosed please find a discrimination complaint form.

- ◆ Please read these instructions prior to completing the enclosed form.
- ◆ The alleged discrimination must have taken place within the city limits. The City of Tempe does not have jurisdiction relative to employment, housing or public accommodation complaints of discrimination outside of the city limits.
- ◆ Assess if your complaint clearly articulates that a discriminatory practice and/or act has occurred against you. It is necessary to show that persons of a different group than yours (*race, color, gender, gender identity, sexual orientation, religion, national origin, familial status, age, disability, or United States military veteran status*) have been treated in a manner different from you and that the difference in treatment has had a negative impact on your employment, housing or in the refusal or restriction of a facility or service.
- ◆ Complete all sections of the complaint form and either print or type the complaint information. In completing the form, please provide clear and concise information when describing the alleged discriminatory practice(s) and/or act(s); the dates of the alleged discriminatory practice(s) and/or act(s); and witnesses to such practice(s) and/or act(s). Incomplete forms will be returned without further processing.
- ◆ The complaint form must be notarized with your signature, where indicated. Non-notarized complaint forms will be returned without further processing.

- ◆ Please submit the completed form to the Diversity Office at the address shown below. The Office will review your complaint and make a determination regarding jurisdiction. (Note: the review process may take several weeks. You will be notified by mail of the status of your complaint.)

Should you have any additional questions regarding the complaint form, you may contact the Diversity Office at (480) 350-2905.

Return your completed, notarized, form to:

**City of Tempe
Diversity Office
P. O. Box 5002
Tempe, AZ 85280**

Attachment: Discrimination Complaint Form/Brochure

Case # _____

Date Received: _____

Diversity Staff _____

Tempe City Code Chapter 2, Article VIII Human Relations Ordinance

Discrimination Complaint Form

Please note: the complaint must be filed within **45 calendar days** from the date of the alleged discriminatory act. Please refer to Tempe City Code Chapter 2, Section 2-604 for other organizational exclusions over which the Diversity Office may not have jurisdiction.

PLEASE COMPLETE, SIGN AND NOTARIZE. (Incomplete, unsigned, non-notarized forms will not be accepted and will be returned.)

I. COMPLAINANT INFORMATION:

Name: _____

Home Address: _____ City/State/Zip: _____

Home Telephone: _____ Alternate Telephone: _____

Is this complaint relative to: Employment Housing Public Accommodation

II. TYPE OF COMPLAINT: On what basis do you believe you are being or have been discriminated against?

Race

Color

Age (40+ Employment)

Age (18+ Housing & Public Accommodation)

National Origin

Sexual Orientation

Gender Identity

U.S. Military

Gender

Disability

Familial Status

Religion

III. PLEASE IDENTIFY THE ALLEGED BUSINESS, EMPLOYER OR HOUSING PROVIDER:

Name: _____

Address: _____ City/State/Zip: _____

Home Telephone: _____ Alternate Telephone: _____

IV. PLEASE DESCRIBE THE DETAILS OF THE INCIDENT:

(Beginning with the most recent incident, please list events in reverse chronological order by date of occurrence. Be specific.) Attach additional pages if necessary.

V. NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSONS WHO HAVE DIRECT KNOWLEDGE OF THE EVENTS LISTED ABOVE:

A. Name: _____
Address: _____ City/State/Zip: _____
Telephone #: _____ Alternate Telephone: _____

B. Name: _____
Address: _____ City/State/Zip: _____
Telephone #: _____ Alternate Telephone: _____

C. Name: _____
Address: _____ City/State/Zip: _____
Telephone #: _____ Alternate Telephone: _____

D. Name: _____
Address: _____ City/State/Zip: _____
Telephone #: _____ Alternate Telephone: _____

VI. WHAT WOULD YOU CONSIDER AN APPROPRIATE RESOLUTION TO YOUR COMPLAINT?

VII. HAVE YOU FILED A COMPLAINT WITH ANOTHER AGENCY? Yes No

If yes: EEOC ACRD Other _____

Please attach copies of any available documentation relating to this complaint.

OATH OF AFFIRMATION:

I affirm that the information I have provided in this complaint and attachments is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Subscribed and Sworn to before me this _____ day of _____, _____

Notary Public

My Commission Expires: _____

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