

**Information for Parties Seeking to File a Complaint of Discrimination Under
City of Tucson Code, Chapter 17**

Enclosed please find the discrimination complaint form you requested. The following information is provided in an effort to assist you in the completion of the form.

- Please read all of these instructions prior to completing the enclosed form.
- Did the alleged discrimination take place within the Tucson city limits? The City of Tucson does not have jurisdiction relative to employment, housing or public accommodation complaints of discrimination outside of its city limits. If you are filing an employment discrimination complaint, the employer must have less than 100 employees, unless it is a complaint based on sexual orientation, gender identity, familial status or marital status. If your complaint is against an employer with more than 100 employees and is based on a protected area other than those above referenced, please contact the Arizona Attorney General's Office/Civil Rights Division at (520) 628-6500.
- Assess if your complaint clearly articulates that a discriminatory practice and/or act has occurred against you. It is necessary for you to show that persons of a different group than yours (*race, color, religion, ancestry, sex, age, disability, national origin, sexual orientation, gender identity, familial status or marital 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 has resulted in the refusal or restriction of a facility or service.
- Complete all the sections of the complaint form and either print or type the complaint information. Please provide clear and concise information when describing the alleged discriminatory act(s); the dates of the alleged discriminatory act(s); and witnesses to such act(s). Incomplete forms will be returned for completion.
- The complaint form must be notarized with your signature, where indicated. Un-notarized complaint forms will be returned to you for notarization.
- Please submit the completed form to the Equal Opportunity Programs Division at the address shown below. Our office will review your complaint and make a determination regarding our jurisdiction to initiate an investigation. The review process may take several days. You will be notified by mail of the status of your complaint.

If you have any questions regarding the complaint form, you may contact the EOPD at (520) 791-4593 and ask to speak to an Equal Opportunity Specialist. If you need legal advice, please contact a private attorney as we cannot provide legal services.

Return your completed form to:

**City of Tucson
Equal Opportunity Programs Division
P.O. Box 27210
Tucson, AZ 85726-7210**

Attachment: Discrimination Complaint Form

Complaint # _____
OEOP Staff: _____

DATE RECEIVED: _____
(Office Staff Use Only)

**CITY OF TUCSON
CHAPTER 17 DISCRIMINATION COMPLAINT FORM**

EQUAL OPPORTUNITY PROGRAMS DIVISION (EOPD)

In order for the EOPD to have jurisdiction to investigate a complaint filed under Chapter 17 of the Tucson City Code, the following guidelines must be met: 1) for employment discrimination complaints, the business against which the complaint is filed must be located or incorporated within the Tucson city limits and must not employ more than one-hundred (**100**) employees, except in cases where the discrimination is based on sexual orientation, gender identity, familial status, or marital status; 2) the complaint must be filed within ninety (**90**) calendar days from the date of the alleged discriminatory employment or public accommodation act, or one-hundred eighty (**180**) calendar days from the date of the alleged housing act. Please refer to Chapter 17 of the Tucson Code for other organizational exclusions over which EOPD may not have jurisdiction, @tucsonaz.gov.

Please complete and sign the following in the presence of a notary public. Incomplete, unsigned, un-notarized forms will be returned to you.

I. Your Information:

Name: _____

Home Address: _____ City/State/Zip _____

Telephone Number: _____

Complaint Regarding: ___ Employment ___ Housing ___ Public Accommodation

II. Type of complaint: On what basis do you believe you have been discriminated against?

- | | | |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Race _____ | <input type="checkbox"/> National Origin _____
<small>(i.e. Hispanic, Italian, etc.)</small> | <input type="checkbox"/> Sex _____ |
| <input type="checkbox"/> Color _____ | <input type="checkbox"/> Sexual Orientation _____ | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Religion _____ | <input type="checkbox"/> Gender Identity _____ | <input type="checkbox"/> Sex, Pregnancy |
| <input type="checkbox"/> Ancestry _____ | <input type="checkbox"/> Disability | <input type="checkbox"/> Familial Status _____ |
| <input type="checkbox"/> Age (40 + Employment) age _____ | | <input type="checkbox"/> Age (18 + Housing) |
| <input type="checkbox"/> Marital Status _____ | | |

Retaliation*

*Retaliation must be based either on your opposition to a perceived discriminatory act or on your participation in any manner in a discrimination investigation or proceeding.

VI. What would you consider to be an acceptable resolution to your complaint?

VI. Have you filed this same complaint with any other agency?

Arizona Civil Rights Division [] Date filed _____
Equal Employment Opportunity Commission [] Date filed _____
Other [] _____ Date filed _____

Please attach copies of any 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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