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

Enclosed please find a discrimination complaint form, for your completion. The following information is provided in an effort to assist you in the completion of the form, which will, in turn, assist this office with the required follow-up concerning your complaint.

- Please read these instructions prior to completing the enclosed form.
- Did the alleged discrimination take place within the city limits? The City of Tucson does not have jurisdiction relative to employment, housing or public accommodation complaints of discrimination outside of the 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 or the Federal Equal Employment Opportunity Commission at 1-(800)-669-4000.
- 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, 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 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 Office of Equal Opportunity Programs 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 Office of Equal Opportunity Programs at (520) 791-4593 and request to speak to an Investigator/Equal Opportunity Specialist.

Return your completed, notarized, form to:

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

Attachment: Discrimination Complaint Form

Revised on 12/02/2011

CASE # _____ DATE RECEIVED: _____
OEOP Staff: _____

CHAPTER 17

CITY OF TUCSON
OFFICE OF EQUAL OPPORTUNITY PROGRAMS (OEOP) DISCRIMINATION COMPLAINT FORM

In order for the Office of Equal Opportunity Programs (OEOP) 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 city limits and must not employ more than **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 **90** calendar days from the date of the alleged discriminatory act, or **180** days for housing complaints. Please refer to Chapter 17 of the Tucson Code for other organizational exclusions over which OEOP 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
- [ ] Religion
- [ ] Ancestry
- [ ] Age (40 + Employment)
- [ ] Age (18 + Housing & Public Accommodations)
- [ ] National Origin (i.e. Hispanic, Italian, etc.)
- [ ] Sexual Orientation
- [ ] Gender Identity
- [ ] Disability
- [ ] Sex
- [ ] Sexual Harassment
- [ ] Sex, Pregnancy
- [ ] Familial Status
- [ ] Retaliation*
- [ ] Marital Status

*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.

III NAME OF BUSINESS, EMPLOYER OR HOUSING PROVIDER DISCRIMINATING AGAINST YOU:

Name:_____

Address: _____City/State/Zip:_____

Telephone #:_____Alternate #: _____

IV. DESCRIBE HOW YOU WERE DISCRIMINATED AGAINST: (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 #: _____

B. Name:_____

Address: _____City/State/Zip: _____

Telephone #:_____Alternate #: _____

C. Name:_____

Address: _____City/State/Zip: _____

Telephone #:_____Alternate #: _____

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

_____
_____
_____
_____

VI. 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 compliant 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: _____

Please return completed complaint form to:

City of Tucson
Office of Equal Opportunity Programs
P.O. Box 27210
Tucson, Arizona 85726-7210

Revised on 12/02/2011