

CASE # _____
OEOP STAFF: _____

DATE RECEIVED: _____

INTERNAL

**CITY OF TUCSON
OFFICE OF EQUAL OPPORTUNITY PROGRAMS
CHAPTER 10 - DISCRIMINATION COMPLAINT FORM**

In accordance with Administrative Directive 2.05-8, formal complaints must be filed with the Office of Equal Opportunity Programs (OEOP) within ninety (90) calendar days of the date you knew or should have known of the alleged discrimination. To request assistance with this form, contact OEOP at 791-4593.

PLEASE COMPLETE AND SIGN

I. COMPLAINANT INFORMATION:

Name: _____ City I.D. No. _____

Home Address: _____ Home Telephone No. _____

City/State: _____ Zip _____ Work Telephone No. _____

Current Job Title: _____ Department _____

Immediate Supervisor: _____

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

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Color | (e.g. Hispanic, Italian) | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Sex, Pregnancy |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Familial Status |
| <input type="checkbox"/> Age (40 +) | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Political opinions, |
| DOB: _____ | | beliefs or affiliation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> 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.

III. 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.)

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

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

VI. ACTION YOU HAVE TAKEN REGARDING YOUR COMPLAINT: (Please describe any steps you have taken internally to resolve this complaint. Be specific.)

VII. HAVE YOU FILED A COMPLAINT EXTERNALLY? 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:** _____

CONFIDENTIALITY STATEMENT

As a complaining party, your cooperation in protecting the confidentiality of the investigation is critical. In order to maintain the integrity of the investigation during the investigative process, do not discuss this complaint or any of its contents with any of the parties involved (potential witnesses, supervisors).

I agree to cooperate in maintaining confidentiality.

Signature: _____ **Date:** _____

Please return to:

City of Tucson Office of Equal Opportunity Programs
100 N. Stone Avenue, Suite 610 Tucson, Arizona 85701