COMPLAINT OF DISCRIMINATION

NOTICE: Under the California Public Records Act and other disclosure statues, the information contained in this complaint form cannot be kept confidential.

Date ____________

PART A:

Name: ____________________________________________________________

Address: __________________________________________________________

City/State/Zip: ____________________________________________________

Telephone: Home: __________________ Work: _______________________

Are you currently employed? ☐ Yes ☐ No

If yes, what is your occupation? ______________________________________

What is your race? What is your sex?

☐ Black ☐ Male

☐ Caucasian ☐ Female

☐ Native American

☐ Hispanic

☐ Asian/Pacific Islander

☐ Other

Are translation services required? ☐ Yes ☐ No

If yes, please indicate your fluent language? ____________________________
PART B:

1. Name the person(s) and/or organization(s) whom you feel discriminated against:

   Name: __________________________ Position (if known) _______________
   Organization: __________________________
   Address: __________________________________________
   City/State/Zip: __________________________
   Telephone: __________________________

   Name: __________________________ Position (if known) _______________
   Organization: __________________________
   Address: __________________________________________
   City/State/Zip: __________________________
   Telephone: __________________________

2. I was discriminated against in:  □ Employment  □ Housing  □ Other (specify)

3. If your charge is against a company or union, what was the number of employees or members? ________________

4. I believe I was discriminated against because of my (check all that apply):
   □ Race  □ Religion  
   □ National Origin  □ Sex  
   □ Age  □ Mental/Physical Impairment  
   □ Sexual Orientation  □ Marital Status  
   □ Gender  □ Family Status  
   □ National Origin  □ Ancestry  
   □ Other (please specify)  __________________________

5. Have you filed this complaint with any other agency?  □ Yes  □ No
If yes, with what agency did you file the complaint? ________________________________

What was the date you filed the complaint? ________________________________

6. Have you ever filed a complaint with this office before? □ Yes □ No

7. Do you know any other individuals who feel they were discriminated against or who witnessed the alleged discriminations by the above person(s) and/or organization(s)? □ Yes □ No

If yes, please list those individuals below.

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8. The City of San Diego Human Relations Commission will try to mediate your complaint if the other party agrees to the mediation. What do you want to happen as a result of the mediation?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
9. Explain in detail how you feel you were discriminated against. (Include the all dates relevant to the alleged discrimination that took place.) You should attach any copies of documents that you believe will support your charge.

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PART C:

I swear or affirm that I have read the above claim and that it is true to the best of my knowledge, information and belief. I understand that the respondent will be notified of the claim.

Complainant ____________________________  Date ____________________________