

UNLAWFUL DISCRIMINATORY PRACTICES COMPLAINT FORM



PERSONAL (COMPLAINANT) INFORMATION

The Complainant is the individual filing the complaint of discrimination. Please provide the most accurate information for how you can be reached by mail, phone, or email. Please remember, it is your responsibility to contact the City Manager's Office to update any of the following information.

Complainant's name: _____ Telephone: _____

Address: _____ City, State, Zip: _____

Email: _____

COMPLAINT INFORMATION

Have you filed a similar complaint with any other agency? Yes No

If yes, which agency? _____

If yes, when did you file this complaint with the agency? _____

Has the complaint with the other agency been completed or is it still pending?
Completed Pending

My complaint of discrimination is in the area of:
Employment Public Accommodation Housing

My complaint of discrimination is based on my protected class as follows: (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Skin-Color | <input type="checkbox"/> Hair-Type |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender Identity or Expression |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Age (over 40) | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Salary History | <input type="checkbox"/> Military Status | <input type="checkbox"/> Familial Status |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> National Origin | <input type="checkbox"/> Appalachian Regional Origin |

The last date(s) you believe you were discriminated against: _____

Do you have any special accommodations that the Commission should know about? Please list any accommodation the Commission can make for communicating with you, including the manner in which an in-person interview would take place.

RESPONDENT INFORMATION

The Respondent is the employer, landlord, property owner or manager, or organization, and their employees or agents, that allegedly engaged in discriminatory conduct.

Please list the following information to the best of your knowledge.

Name and title of Respondent(s) you believe discriminated against you:

Address of Respondent: _____

City: _____ Zip Code: _____

Phone Number: _____

IF EMPLOYMENT - Approximate number of employees employed by Respondent: _____

COMPLAINT DETAIL

Please provide a brief but detailed description of the alleged discriminatory action and the events leading up to it. Please describe why you believe this action was taken because of your membership in a protected class. If the alleged discrimination is based on employment, please also provide your date of hire.

If any, what reason were you given for the alleged discriminatory action? When was this reason given to you and by whom?

By affixing my signature below, I acknowledge that I have reviewed the information provided on this form and confirm that the information is true and correct to the best of my knowledge. I give permission to each named Respondent to release to the City of Cincinnati any records or other information relevant to the allegations in this Complaint, including but not limited to internal investigations or personnel records.

Electronic Signature

A copy of this Complaint will be emailed to your email address provided on this form.

NOTICE: The City of Cincinnati is not able to provide legal advice. If you need legal advice, please consult an attorney. Any and all records and information provided to the City in connection with a complaint of discrimination are subject to disclosure under the Ohio Public Records Act R.C. Sec. 149.43 et seq.