

# Human Relations Discrimination Complaint – Public Accommodations



City of Dallas Fair Housing Office  
 1500 Marilla, Room 1BN  
 Dallas, TX 75201  
 214-670-FAIR (3247)

Instructions: **Please type or print this form.** Read this form and the instructions on reverse carefully before completing. All questions should be answered. However, if you do not know the answer or if a question is not applicable, leave the question unanswered and fill out as much of the form as you can. Your complaint should be signed and dated. When more than one individual or organization is filing the same complaint, and all information is the same, each additional individual or organization should complete boxes 1 and 6 of a separate complaint form and attach it to the original form. Complaints may be presented in person or mailed to the City of Dallas Fair Housing Office, 1500 Marilla, Room 1BN, Dallas, Texas, 75201.

This section is for office use only.

HR 46 Number: _____	Jurisdiction: <input type="checkbox"/> Yes <input type="checkbox"/> additional <input type="checkbox"/> No      Information	Signature of office personnel who established jurisdiction: _____
Filing Date: _____		

*§46-1. "It is the policy of the City of Dallas to bring about through fair, orderly, and lawful procedures the opportunity for every person to obtain employment, access to all places of public accommodation, and housing without, regard to sexual orientation. This policy is based upon recognition of the rights of every individual to work and earn wages through gainful employment, to obtain and enjoy goods, services, facilities, privileges, advantages, and accommodations in all places of public accommodation, and to obtain housing. The denial or deprivation of this right because of sexual orientation is detrimental to the health, safety, and welfare of the citizens of Dallas and is within the power and responsibility of the City to prevent." §46-5 "This chapter does not apply to: religious organizations; the United States government, and any of its departments or agencies, or any corporation wholly by it; or the government of the State of Texas or any of its departments, agencies, or political subdivisions." (Chapter 46, City Ordinance No. 24927)*

1. Name of aggrieved person(s) or organization(s) (last name, first name, middle initial) (Mr., Mrs., Miss, Ms.)	Home Telephone: (    ) _____
Street Address (City, country, State and zip code)	Alternate Telephone: (    ) _____
2. Against whom is this complaint being filed? (last name, first name, middle initial)	Telephone: (    ) _____
Street Address (City, county, State and zip code)	

3. Is the party named above a public facility or public building?  Yes  
 No

4. If you named an individual above who appeared to be acting for a company in this case, check  this box <sup>1</sup> and write the name and address of the company in this space.

Name: _____	Address: _____
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5. Name and identity of others (if any) you believed violated the law in this case: \_\_\_\_\_

6. Do you believe that you were discriminated against because of your sexual orientation in a public facility or public building? (Check  all that apply)

Sexual Orientation

Other basis for discrimination? Please explain for referral purposes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Human Relations Discrimination Complaint – Public Accommodations

**Type of Complaint:** (Check  all that apply)

**I. PUBLIC ACCOMMODATIONS**

A. What did the person you are complaining against do? (Check  all that apply.)

- Directly or indirectly exclude, segregate, limit, refuse, or deny the accommodations, advantages, facilities, benefits, privileges, services, or goods offered to the general public at that place
- Circulate, issue, display, post, mail, or otherwise publish a statement, advertisement, or sign indicating that:
  - a person will be denied accommodations, advantages, facilities, benefits, privileges, services, or good at the place
  - the patronage or presence of a person at that place is objectionable, unwelcome, unacceptable, undesirable, or unsolicited

B. When did the act(s) checked above occur? (Include the most recent date if several dates are involved.) \_\_\_\_\_

C. What type of service, product, or accommodation is provided by the business or public facility in the named in #2 and or #4? \_\_\_\_\_

D. What service, product, or accommodation were you refused? \_\_\_\_\_

E. Summarize in your own words what happened. Use this space for a brief and concise statement of the facts. Additional details may be submitted on an attachment. Note: The City of Dallas will furnish a copy of the complaint to the person or organization against whom the complaint is made.

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**II. INTIMIDATION, RETALIATION, AND COERCION**

A. Did the person you are complaining against harass, threaten, harm, damage, or otherwise penalize a person for opposing an unlawful practice, filing a complaint, testifying, assisting, or participating in any manner in an investigation, proceeding, or hearing under the City of Dallas Ordinance Chapter 46?  Yes  No

B. Summarize in your own words what happened. Use this space for a brief and concise statement of the facts. Additional details may be submitted on an attachment. Note: The City of Dallas will furnish a copy of the complaint to the person or organization against whom the complaint is made.

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I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_