## **Human Relations Discrimination Complaint – Employment**



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 filling 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 48 Number:   Storebus of office use	arsonnel who established jurisdittives
Filing Children. Information	
§46-1. "It is the policy of the City of Dallas to bring about through fair, or every person to obtain employment, access to all places of public accommodation. This policy is based upon recognition of the rights of every in employment, to obtain and enjoy goods, services, facilities, privileges, accommodation, and to obtain housing. The denial or deprivation detrimental to the health, safety, and welfare of the citizens of Dallas and to prevent." §46-5 "This chapter does not apply to: religious organization departments or agencies, or any corporation wholly by it; or the governments, agencies, or political subdivisions." §46-4 " Employer employees for each working day in each of 20 or more calendar week and includes any agent of such a person." (Chapter 46, City Ordinance	initiation, and nousing without, regard to sexual dividual to work and earn wages through gainful divantages, and accommodations in all places of or of this right because of sexual orientation is is within the power and responsibility of the City is; the United States government, and any of its remment of the State of Texas or any of its means any person who has 15 or more
<ol> <li>Name of aggrieved person(s) or organization(s) (last name, first name, middle initial) (Mr., Mrs., Miss, Ms.)</li> </ol>	Home Telephone: ( )
Street Address (City, country, State and zip code)	Alternata Telephone: ( )
	Email address:
2. Against whom is this complaint being filed? (Last name, first name, middle initial)	Telephone: ( )
Street Address (City, county, State and zip code)	
oriest Audiess (Cay, county, State and zip code)	
Check applicable box or boxes which describe(s) the party named above:	
Employer or Supervisor	aining Program    Notices and Advertisements
. If you named an individual above who appeared to be acting for a company in this case, che company in this space.	
iama:	eck y this pox i and write the name and address of the
Address:	
. Name and identity of others (if any) you believed violated the law in this case:	
Do you believe that you were discriminated against because of your sexual orientation in an e	
☐ Yes	employment situation?
□ No	
☐ Other basis for discrimination? Please explain for referral purposes:	
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HO-Complaint HR46-E 0/15/02	Page 1 of 2

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V×	of Comple	alints (Check √ all that apply)	
	i minati di		
1	What did the person you are complaining against do? Check vall that apply.		
١.	What did the	person you are compleming against con-	
	Employ	▼: Fail or refuse to hire	
	ä		
	ă	Discharge/Terminate  Discriminate against any person with respect to compensation, terms, conditions, or privileges of employment  Discriminate against any person with respect to compensation, terms, conditions, or privileges of employment or	
	ă		
		Limit, segregate, or classify employees or applicants in any way that would be status as an employee employment opportunities, or that would otherwise adversely affect a person's status as an employee	
	Emplo	ment Agencies	
		Fail or refuse to refer to employment, or otherwise discriminate  Classify or refer for employment because of your sexual orientation	
		Classify or refer for employment because or your sexuel or included.	
		Organizations	
	<u> </u>	Exclude or expel from membership  Fail or refuse to refer for employment  The second of the second o	
	ä	Fail or refuse to refer for employment  Limit, segregate, or classify members or applicants for membership in any way that would deprive or tend to deprive a person  Limit, segregate, or classify members or applicants for membership in any way that would deprive or tend to deprive a person's status as an employee or as an	
		Limit, segregate, or classify members or applicants for membership in any way that would deprive or as an employee or as an employment or employment opportunities, or that would otherwise adversely affect a person's status as an employee or as an	
		annicent for employment	
		Cause or attempt to cause an employer to discriminate	
	Trainir	ng Programs	
	ā	nd <u>Programs</u> Failure to admit or failure to hire in any program established to provide apprenticeship or other training	
	Notice	e and advertisements	
	a	Print or publish, or cause to be printed or published, any nodes or adversars.	
		<ul> <li>(a) employment by the employer;</li> <li>(b) membership in or any classification or referral for employment by the employment agency;</li> <li>(b) membership in or any classification or referral for employment by the employment agency;</li> </ul>	
		(b) membership in or any classification or referral for employment by the distribution or discrimination based on sexual	
		(c) admission to, or employment in, any program established to provide apprehitecable to discrimination based on sexual management committee that indicates any preference, limitation, specification, or discrimination based on sexual	
		orientation	
8	. When did the	act(s) checked above occur? (Include the most recent date if several dates are involved.)	
С	. if applicable:	Date hired: Position at the time of hire:	
	•	ently employed with the employer, contracted with the employment agency or enrolled in the training program? ☐Yes ☐ No	
	. Are you pres	ently employed with the employer, contracted with the employment against of	
	if yes, curren	t position:nployment, assignment or training ended, or employment denied:	
	if no, date en	nployment, assignment or usuning encod, or only or onl	
E	. Summarize i n attachment.	n your own words what happened. Use this space for a brief and concise statement of the facts. Additional details may be submitted Note: The City of Dailas will furnish a copy of the complaint to the person or organization against whom the complaint is made.	
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(	Did the pers	IDATION, RETALIATION, AND COERCION. on you are complaining against harass, threaten, harm, damage, or otherwise penalize a person for opposing an unlawful practice, fillr	
á	ı complaint, tes	on you are complaining against harass, threaten, harm, damage, or otherwise penalize a person for opposing an uniavance Chapter tifying, assisting, or participating in any manner in an investigation, proceeding, or hearing under the City of Dallas Ordinance Chapter in No.	
4	16? Yes		
1	3. Summarize	in your own words what happened. Use this space for a brief and concise statement of the facts. Additional details may be submitted Note: The City of Dallas will fumish a copy of the complaint to the person or organization against whom the complaint is made.	
-	in attachment	Rote. The City of Dates with the City of Date	
		r penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.	
ļ	geciare undei	Date:	
	Signature:		
		Page 2 of	