



THE CITY OF SAN DIEGO

Human Relations Commission

1200 Third Avenue • Suite 916 • San Diego, CA 92101

Tel (619) 236-6420 • Fax (619) 236-6423

COMPLAINT OF DISCRIMINATION

NOTICE: Under the California Public Records Act and other disclosure statutes, 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?

Black

Caucasian

Native American

Hispanic

Asian/Pacific Islander

Other

What is your sex?

Male

Female

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 you:

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
- National Origin
- Age
- Sexual Orientation
- Gender
- National Origin
- Other (please specify)
- Religion
- Sex
- Mental/Physical Impairment
- Marital Status
- Family Status
- Ancestry

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.

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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?

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