

## **Information for Parties Seeking to File a Complaint of Discrimination Under City of Flagstaff Code, Title 14**

Enclosed please find a discrimination complaint form, for your completion. The following information is provided in an effort to assist you in the completion of the form, which will, in turn, assist this office with the required follow-up concerning your complaint.

- Please read these instructions prior to completing the enclosed form.
- Did the alleged discrimination take place within the city limits? The City of Flagstaff does not have jurisdiction relative to employment or public accommodation complaints of discrimination outside of the city limits. If you are filing an employment discrimination complaint, the employer must have more than fifteen (15) employees in the City of Flagstaff for each working day in each of twenty (20) or more calendar weeks in the current or preceding calendar year, and includes any agent of such person and must not fall under any of the exclusions set forth in Section 14-02-001-0004 of the Flagstaff City Code.
- Any complaint must be filed within **90** calendar days from the date of the alleged discriminatory act.
- Complete all sections of the complaint form and either print or type the complaint information. In completing the form, please provide clear and concise information when describing the alleged discriminatory practice(s) and/or act(s); the dates of the alleged discriminatory practice(s) and/or act(s). Incomplete forms will be returned without further processing.
- Please submit the completed form to the City Manager's Office at the address shown below. The Office will review your complaint and make a determination regarding jurisdiction. (Note: the review process may take up to 45 days. You will be notified by mail of the status of your complaint.)

**All complaints related to Race, Color, Religion, Sex, Age, Disability and National Origin should be filed in accordance with State and Federal requirements.**

Note that all complaints received are subject to Freedom of Information Act and Public Records requests. Should you have any additional questions regarding the complaint form, you may contact Jack Fitchett at the City Manager's Office at (928) 213-2078.

Return completed, signed form to:

**City of Flagstaff  
Civil Rights Office  
City Manager's Office  
211 W. Aspen Avenue  
Flagstaff, AZ 86001**

**TITLE 14**

**CITY OF FLAGSTAFF  
CIVIL RIGHTS  
DISCRIMINATION COMPLAINT FORM**

In order for the City of Flagstaff to have jurisdiction to investigate a complaint filed under Chapter 14 of the Flagstaff City Code, the following guidelines must be met: 1) for employment discrimination complaints, the business against which the complaint is filed must be located or incorporated within the city limits 2) the complaint must be filed within **90** calendar days from the date of the alleged discriminatory act. Please refer to Title 14 of the Flagstaff City Code for other organizational exclusions over which the City may not have jurisdiction.

**NOTE: ALL COMPLAINTS RECEIVED ARE SUBJECT TO THE FREEDOM OF INFORMATION ACT.**

**PLEASE COMPLETE AND SIGN.** (Incomplete and unsigned forms will not be accepted and will be returned.)

**COMPLAINANT INFORMATION:**

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Is this complaint relative to: \_\_\_\_\_ Employment \_\_\_\_\_ Public Accommodation

Date(s) of Violation: \_\_\_\_\_

Place of Violation: \_\_\_\_\_

**TYPE OF COMPLAINT:** On what basis do you believe you are being or have been discriminated against? Check all that apply:

\_\_\_ Veteran Status \_\_\_ Sexual Orientation \_\_\_ Gender Identify \_\_\_ Gender Expression

\_\_\_ Race \_\_\_ Color \_\_\_ Religion \_\_\_ Sex \_\_\_ Age \_\_\_ Disability \_\_\_ National Origin

**NOTE:** All complaints related to Race, Color, Religion, Sex, Age, Disability and National Origin should be filed in accordance with State and Federal requirements.

**NAME OF EMPLOYER OR PUBLIC ACCOMODATION PROVIDER THAT YOU BELIEVE DISCRIMINATED AGAINST YOU:**

Name of Party you are making a complaint against: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**DESCRIBE HOW YOU WERE DISCRIMINATED AGAINST:** (Beginning with the most recent incident, please list events in reverse chronological order by date of occurrence. Be specific.) Attach additional pages, if necessary.

**WHAT WOULD YOU CONSIDER AN APPROPRIATE RESOLUTION TO YOUR COMPLAINT?**

**OATH OF AFFIRMATION:**

I affirm that the information I have provided in this complaint and attachments is true and accurate to the best of my knowledge.

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

**Please print, sign and mail or hand deliver completed complaint form to:**

**City of Flagstaff  
Civil Rights Office  
City Manager's Office  
211 W. Aspen Avenue  
Flagstaff, AZ 86001**

**INTERNAL USE ONLY:**

Received: \_\_\_\_\_ Staff: \_\_\_\_\_ Complaint Number: \_\_\_\_\_