



City Manager, City of St. Augustine

75 King Street

St. Augustine, FL 32084

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City of St. Augustine Human Rights Complaint Form

I. Information about you (the Complainant)

Date Received: _____

Last Name	First Name	Middle Initial	
Address		City	State
Home Telephone ()	Work Telephone ()	Cellular Telephone ()	E-Mail Address
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	National Origin
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partnership			

If you will be represented by an attorney, please provide the attorney's name, e-mail and telephone number.

Attorney's Name	Attorney's E-mail	Attorney's Telephone ()
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II. Regulated Areas

I believe I was discriminated against in the area of:

- Employment
- Housing
- Public Accommodations (Restaurants, stores, hotels, movie theaters, etc.)

III. I am filing a complaint against (Respondent)

Full Legal Name			
Address		City	State
Telephone Number ()		Website or E-Mail	

Individual(s) who discriminated against me

Name	Title
Name	Title
Name	Title

Date of Discrimination

The most recent act of discrimination happened on: _____ / _____ / _____
Month Day Year

IV. Jurisdictional Information

Do you believe any of the following cause(s) of discrimination was/is a factor in your case? (Mark the appropriate box(es))

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Religion
<input type="checkbox"/> Sex	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Disability
<input type="checkbox"/> Age	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Familial Status	

Have you filed this complaint with any other Federal, State or Local Anti-Discrimination Agency?

No Yes (If yes, complete below)

Agency Name	
Result	
On what date did you file? _____	
Date action was decided _____	

Housing Discrimination

Please answer the questions on this page **only** if you were discriminated against in the area of **housing**. If not, turn to the next page.

Who discriminated against you?		
<input type="checkbox"/> Builder	<input type="checkbox"/> Bank or other lender	<input type="checkbox"/> Manager/Superintendent
<input type="checkbox"/> Owner/Landlord	<input type="checkbox"/> Salesperson	<input type="checkbox"/> Condo Association
<input type="checkbox"/> Other _____		
What kind of property was involved?		
<input type="checkbox"/> Single-family house	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Building with 2-4 apartments
<input type="checkbox"/> Two-family house	<input type="checkbox"/> Commercial Space	<input type="checkbox"/> Building with 5 or more apartments
<input type="checkbox"/> Other _____		
Was this property being sold or being rented?		
<input type="checkbox"/> Being sold	<input type="checkbox"/> Being rented	
Are you currently living there?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Address of Property:

Address	City	State	Zip code
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Acts of Discrimination

What did the individual, business or company you are complaining against do? Please check all that apply.	
<input type="checkbox"/> Refused to rent or sell to me	<input type="checkbox"/> Evicted me/threatened to evict me
<input type="checkbox"/> Denied me access for my disability	<input type="checkbox"/> Denied me equal terms, privileges, or facilities that other tenants were given
<input type="checkbox"/> Discriminated against me in lending or way financing	<input type="checkbox"/> Advertised in a discriminatory
<input type="checkbox"/> Harassed me based on my sex, national origin, race, disability, etc.	
<input type="checkbox"/> Other _____	

REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK

Description of Discrimination

For all complaints, please tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory.

If you need more space to write, please continue writing on a separate sheet of paper and attach it to the Complaint Form.

Additional Information

Special Needs - I am in need of:

- a) A translator (*if so, which language?*): _____
- b) Accommodations for a disability: _____
- c) Other: _____

Witnesses - The following people saw or heard the discrimination and can act as witnesses:

Name: _____ Job title: _____

Telephone number: _____ Relationship to me: _____

What did this person witness?: _____

Name: _____ Job title: _____

Telephone number: _____ Relationship to me: _____

What did this person witness?: _____

Additional Details:

Did you report or complain about the discrimination to someone else? (*If you told someone, filed a report or sent a letter about the discrimination, please indicate whether you went to the owner of the company, your housing provider, the police, etc.*) _____

Date you reported or complained about discrimination: _____

How exactly did you complain about the discrimination? (*Who did you talk to about it? Who did you file a report or make a formal written complaint or union grievance with? What did you say?*) _____

What happened after you complained? (*Was your complaint investigated? Was any action taken in response to your complaint? Did the discrimination stop? Did you experience retaliation for complaining?*)

If you did not report the discrimination, please explain why: _____

Examples of other people who were discriminated against in the same way as you were: (*For example, did not receive an accommodation for the same reasons, etc.*) If you are complaining about discrimination relating to race, color, national origin, religion, sex, gender identity, sexual orientation, disability, marital and familial status, or age, please describe their races, colors, national

origins, religions, sex, gender identity, sexual orientation, disability, marital and familial status, ages, etc.

Examples of other people who were treated better than you were: (For example, people who were allowed to rent or purchase while you were denied, etc.) If you are complaining about discrimination relating to race, color, national origin, religion, sex, gender identity, sexual orientation, disability, marital and familial status, or age, please describe their races, colors, national origins, religions, sex, gender identity, sexual orientation, disability, marital and familial status, ages, etc.

Settlement / Conciliation

To settle this Complaint, I would accept: (Please explain what you want to happen because of this complaint. Do you want a letter of apology, an end to the harassment, etc.? *This is an optional question; you may choose not to answer.*)

If you need more space to write, please continue writing on a separate sheet of paper and attach it to the Complaint Form.

NOTARIZATION OF THE COMPLAINT FORM

Based on the information contained in this form, I charge the Respondent with an unlawful discriminatory practice, in violation of the City of St. Augustine Human Rights Ordinance (Chapter 16, Article II). I understand that the information in this Complaint Form will be shared, in whole or part, with the Respondent.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice.

I swear or affirm under penalty of perjury that I am the Complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.

Sign your full legal name

Date

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20 _____, by _____

Signature of Notary Public – State of Florida

Name of Notary Typed, Printed or Stamped

(NOTARY SEAL)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____