



## GENERAL INSTRUCTIONS FOR FILING A DISCRIMINATION COMPLAINT

- Please use the appropriate version of the Human Relations Board complaint form. You may also pick up a complaint form at the address below or call to have a form mailed to you.
- Before you start, review the information at [www.sarasotafl.gov](http://www.sarasotafl.gov) to determine if the City of Sarasota Non-Discrimination Ordinance No. 16-5178, Chapter 18 of the Sarasota City Code, applies to you and to the party you believe has discriminated against you.
- Answer all questions on the complaint form and the Statement of Facts. **Your complaint may be dismissed, or you may be required to resubmit your complaint, if it is incomplete.**
- Complete the form entitled, List of Witnesses and Exhibits. **Do not attach documents you wish to introduce as evidence to this complaint form.** You will be given an opportunity to introduce documentary evidence at a later date.
- You must sign and date the complaint form.
- Contact the Human Relations Board if you change your address or telephone number.
- **Timely submission of your complaint is your responsibility. Contact the Human Relations Board by phone to ensure the Board's receipt of your complaint.**
- Mail or deliver your original completed forms to the address below.

Address: City of Sarasota  
Human Relations Board  
Federal Building – Rm. 204  
111 S. Orange Avenue  
Sarasota, FL 34236

Phone: 941-263-6476  
941-951-3601 (TDD Hearing Impaired)  
Web site: [www.sarasotafl.gov](http://www.sarasotafl.gov)

**If you have questions or need help completing the form, contact the Human Relations Board at 941-263-6476.**



SHRB No. \_\_\_\_\_

## COMPLAINT OF DISCRIMINATION – EMPLOYMENT

Please Type or Print Clearly

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone numbers where we can call you: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

1. Why were you discriminated against? (You must check one or more boxes)

- |                                |                                     |  |                                   |   |
|--------------------------------|-------------------------------------|--|-----------------------------------|---|
| <input type="checkbox"/> Age   | <input type="checkbox"/> Disability | <input type="checkbox"/> Marital Status  | <input type="checkbox"/> Race     | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender     | <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion | <input type="checkbox"/> Veteran Status     |

2. Where did the most recent discrimination occur? (must be in city limits of Sarasota)

\_\_\_\_\_ street address city zip code

3. Date act of discrimination occurred (must be within 90 days of filing): \_\_\_\_\_  
month / day / year

4. Discrimination Statement: "I believe I have been discriminated against in the following ways, in violation of these sections of Chapter 18, Sarasota City Code. . ." (Check all that apply)

**Section 18-38(a)**

- Discharged/Refused to hire
- Given different compensation, terms, conditions or privileges (Ex: Denied promotion, sexually harassed, unfairly disciplined, etc.)
- Limited, segregated or classified so as to deprive of opportunities

**Section 18-38(b-e)**

- By employment agency
- By labor organization In training or apprenticeship program
- In licensing, certification, club membership or examinations

**Section 18-38 (f-g)**

- In published notice
- Because I opposed unlawful employment practice (under City Code)

**Section 18-51(b)**

- Retaliated against because opposed discrimination

5. Have you filed a complaint with another governmental agency for this alleged act of discrimination?

- No  Yes (must be first time filed a complaint for this alleged act of discrimination)

**1. Employer Information:**

Name of employer or other party who discriminated against you: \_

Name of owner, president, or registered agent of employer: \_\_\_\_\_

Mailing address of employer: \_\_\_\_\_

Telephone number of employer: \_\_\_\_\_

Number of employees: \_\_\_\_\_ (must employ five or more, excluding immediate family members)

Name and title of person who committed discrimination: \_\_\_\_\_

**I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED.  
I UNDERSTAND THAT I MAY RETAIN LEGAL COUNSEL AT MY OWN EXPENSE.**

# STATEMENT OF FACTS

**You may answer questions on a separate sheet.  
However, you must number and answer each question.**

Name: \_\_\_\_\_

1. Please explain in detail the act of alleged discrimination, including who, what, when, where, how.

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2. Please explain why you believe that your age, color, disability, gender, marital status, national origin, race, religion, sexual orientation or veteran status, was a factor in the action taken against you.

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3. Were any reasons given for the action taken against you?

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4. Please provide the name, address and phone number of anyone who was treated differently than you, under the same circumstances and state how they were treated differently.

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Attach additional page(s) if necessary.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT THE STATEMENTS MADE IN THIS COMPLAINT OF DISCRIMINATION AND IN THE ATTACHMENTS TO THE COMPLAINT AND TRUE AND ACCURATE.**

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY ACKNOWLEDGMENT**

**STATE OF FLORIDA**

**County of \_\_\_\_\_**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification; that he/she is the person who answered the foregoing and has sworn were answered truthfully and completely to the best of his/her knowledge and ability.

SWORN TO AND SUBSCRIBED before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(signature of Notary Public)

\_\_\_\_\_  
(print, type or stamp commissioned name of Notary Public)

ADDITIONAL PAGE

-- Please Type or Print Clearly --

Complainant: \_\_\_\_\_

Multiple horizontal lines for text entry.

Attach additional page(s) if necessary

# LIST OF WITNESSES & EXHIBITS

-- Please Type or Print Clearly --

Name: \_\_\_\_\_

Please list all persons having **direct knowledge** of the problems leading to or involved in your complaint. **This would be any person who you intend to call as witnesses. Please limit it to those who have direct knowledge.**

	Name / Relationship	Complete Street Address, City, State, Zip	Phone No(s).
1			
2			
3			
4			
5			

Please list each document or piece of evidence you intend to introduce at a public hearing on your case.

	Type of Document (e.g.: email, policy, statement, letter, etc.)	Date of Document	Author of Document
1			
2			
3			
4			
5			