



**DISCRIMINATION COMPLAINT FORM**

**Instructions:** Your complaint should be in writing and contain the information set forth below. Alternative means of filing your complaint will be made available upon request. Please provide all relevant information and attach additional notes and documentation if necessary.

Upon completion, this form should be submitted in person/mail/email/web to:

Hand delivery: Chandler City Clerk 175 S. Arizona Ave. First Floor Chandler, AZ 85225	Mail: Chandler City Clerk Mail Stop 606 P.O. Box 4008 Chandler, AZ 85244-4008
Email: <a href="mailto:dana.delong@chandleraz.gov">dana.delong@chandleraz.gov</a>	Website: <a href="http://chandleraz.gov/diversity">chandleraz.gov/diversity</a>

**Complainant’s Information**

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

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

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_

**Complaint Against (the “Respondent”)**

Name of Person, Employer, or Establishment: \_\_\_\_\_

Title of Person, if Known: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Location of the alleged discrimination: \_\_\_\_\_

*Note: The Chandler Embracing Diversity, Equity, and Inclusion Ordinance only applies to conduct occurring within the City limits of the City of Chandler.*

## Complaint Details

Basis for Complaint, Check All that Apply (you must select at least one):

- Race
- Color
- Ethnicity
- National Origin
- Sex
- Religion
- Age
- Sexual Orientation
- Gender Identity
- Veteran Status
- Disability
- Marital Status
- Familial Status

Date of the Last Act of Discrimination (MM/DD/YYYY): \_\_\_\_\_

Is the alleged discrimination continuous/ongoing? Yes No

Area your complaint relates to:  Housing  Public Accommodations  Employment  
 City services  City programs  City activities  City contracting

Please explain, as clearly as possible, **what** happened to you; **how** you were discriminated against; **who** was involved; and **why** you believe you were discriminated against based on the factor(s) you checked above. Describe all of the persons, programs, and/or services involved.

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Were there any witnesses?  Yes  No Describe: \_\_\_\_\_

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**Other Reports or Discussions about this Complaint**

Have you filed, or intend to file, your complaint with any federal, state, or local agency; or with a federal or state court?  Yes  No

If yes, please the agency name and date filed: \_\_\_\_\_

Have you discussed your complaint with any City representative?  Yes  No

If yes, please provide the following information:

Name of City representative: \_\_\_\_\_

Position of City representative: \_\_\_\_\_

**Consents and Confirmation**

To properly investigate this complaint, the City may share your name and other personal information with the person, employer, or establishment that allegedly discriminated against you and any witnesses to the discrimination. Further, the City of Chandler is an Arizona municipality governed by the Arizona Public Records Law (A.R.S. § 39-101 *et seq.*) and as such, a complaint is presumed to be a public record under the Arizona Public Records Law and the City cannot guarantee the confidentiality of the information provided. By checking the boxes below and signing this form, you consent to the City sharing your name and other personal information to investigate your complaint and waive any claims against the City related to the disclosure of any material if made pursuant to a public records request. The City will not investigate your complaint without these consents. (If the complaint is filed on behalf of a minor child/ward, the boxes must be checked by a parent or legal guardian of that individual.)

- I give the City my consent to reveal my name and other personal information (and that of my minor child/ward on whose behalf the complaint is filed) to others to investigate my complaint.
  
- I acknowledge that this complaint is presumed to be a public record under the Arizona Public Records Law and that the City of Chandler cannot guarantee the confidentiality of the information I provide. I specifically waive any claims (and those of my minor child/ward on whose behalf the complaint is filed) against the City related to the disclosure of any material if made pursuant to a public records request.
  
- I swear or affirm that all of the information contained in this complaint is true and to the best of my knowledge and information.

\_\_\_\_\_  
*Signature of Complainant\**

\_\_\_\_\_  
*Date*

\*If the complainant is a minor child/ward, the parent or legal guardian must sign.

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THANK YOU FOR COMPLETING THIS FORM