

**City of Boulder  
Office of Human Rights  
2160 Spruce St.  
Boulder, CO  
Phone: 303-441-3141  
Fax: 303-441-4348**

**Discrimination Complaint Form**

You may submit a discrimination complaint by completing this form, save and/or print a copy and email, mail, fax or drop off your complaint at the above address. After you have submitted the form, you will be contacted to schedule an appointment. A complaint is not processed until you have met with a staff member who will review your complaint and have you sign the Discrimination Complaint Form.

If you have questions or need assistance completing the form, you may call the Office of Human Rights at 303-441-3141 or email [atilanoc@bouldercolorado.gov](mailto:atilanoc@bouldercolorado.gov) to have a staff member contact you, typically within two business days from receipt of your request.

.....  
**1. Personal Information:**

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**2. Party of alleged act of discrimination:**

Name: \_\_\_\_\_  
Official Corporate Name (if appropriate): \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

**3. The City of Boulder Human Rights Ordinance is a local law that protects against illegal discrimination within the city limits of Boulder. *Reference Boulder Revised Code 1981, Title 12, Chapter 1 - Prohibition of Discrimination in Housing, Employment, and Public Accommodations.***

This complaint concerns the following area of discrimination:

Employment (*complaint must be filed within 180 days*)

Housing (*complaint must be filed within one year*)

Public Accommodation (*complaint must be filed within 60 days*)

4. Date of alleged violation: \_\_\_\_\_(month/date/year)

5. Discrimination is unlawful when carried out because of an individual's race, color, sex or other characteristic protected by law. Such characteristics place people into "protected classes." Please complete the following:

**I believe that this action was taken against me because of my...**

Race

Sex

Sexual Orientation

Color

Religion

Marital Status

Age (40 plus Employment)

National Origin

Ancestry

Creed

Physical Disability

Parenthood (Housing)

Custody of  
Minor Child (Housing)

Mental Disability

Pregnancy

Gender Variance

Genetic Characteristics

6. Briefly describe why you feel that you have been discriminated against in the area and protected class(es) listed above:

7. What is the remedy you seek:

8. Have you filed a complaint regarding this matter with the Equal Employment Opportunity Commission (EEOC), Department of Housing and Urban Development (HUD), the Colorado Civil Rights Division, or any other agency?      Yes                  No

If yes, when did you file? \_\_\_\_\_ (month/date/year)  
If yes, with what agency did you file?

---

9. Are you willing to mediate:      Yes                  No

***Thank you for completing this form. It is not official until you have met with a city staff member and your signature has been witnessed with a photo ID. You will be contacted shortly to schedule an appointment.***

.....

This statement and my conduct are not for the purpose of harassment or entrapment of the person, employer, or organization against who this complaint is filed.

I affirm that I am, \_\_\_\_\_, that I have completed the above complaint and that it is true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness of Complainant's Signature

\_\_\_\_\_  
Date