

City of Boulder
Office of Human Rights
2160 Spruce St.
Boulder, CO
Phone: 303-441-4197

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 303-441-4197 or email castro-camposi@bouldercolorado.gov to have a staff member contact you, typically within two business days from receipt of your request.

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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...

- | | | |
|--|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religion | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Age (40 plus Employment) | <input type="checkbox"/> National Origin | <input type="checkbox"/> Ancestry |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Parenthood (Housing) |
| <input type="checkbox"/> Custody of
Minor Child (Housing) | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Gender Variance | <input type="checkbox"/> 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.

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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