



City of Westerville

Discrimination Complaint Form

Personal Information

Please provide the most accurate information for how you can be reached by mail, phone, or email. Please remember, it is your responsibility to contact the City of Westerville to update any of the following information.

1. Full Legal Name: _____

2. Street Address: _____

3. City, ZIP: _____

4. Preferred Phone Number: _____

5. Email Address: _____

6. Have you filed this complaint with any other agency? Yes _____ No _____

If yes, what agency? _____

If yes, when did you file? ____/____/____

7. My complaint of discrimination is in the area of

- Employment
- Public Accommodation
- Housing

8. My complaint of discrimination is based on my

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





9. Location(s) where the alleged discrimination occurred. _____

10. Date(s) you believe you were discriminated against: __/__/____ and approximate time:
_____.

11. Do you have any special accommodations that the City of Westerville should know about?
In specific, please list any accommodation the City of Westerville can make for
communicating with you or in the circumstance that an in-person interview would take
place.

Respondent Information

The respondent is the employer or organization that allegedly engaged in discriminatory action.
Please list the following information to the best of your knowledge (individual, employer,
organization).

12. Name of Respondent: _____

13. Respondent Street Address: _____

14. Respondent City, ZIP: _____

15. Respondent Phone Number: _____

16. Name and title of person you believe discriminated against you:

17. IF EMPLOYMENT – Number of employees employed by respondent: _____





Complaint Detail

18. IF EMPLOYMENT - Date of Hire: __/__/____

19. Please provide a brief but detailed description of the alleged discriminatory action and the events leading up to it. Please describe why you believe this action was taken because of your belonging to a protected class. (If more space is needed, please attach additional sheets as necessary)





20. If any, what reason were you given for this action? When was this reason given to you and by whom?

21. To your knowledge, have other people been treated more favorably in similar circumstances? Have other people been treated the same way in similar circumstances?





I have reviewed the information listed and confirmed that the information I provided on this form is true to the best of my knowledge.

Signature

Date

STATE OF OHIO:

COUNTY:

Before me, a notary public, personally appeared _____, who being duly sworn according to law, duly acknowledged the foregoing as accurate and true on this _____ day of _____, 20__.

SEAL

Notary Public Signature

My Commission Expires (Date)_____

