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
   □ Race
   □ Sex
   □ Sexual Orientation
   □ Gender Identity
   □ Gender Expression
   □ Religion
   □ National Origin
   □ Age
   □ Disability
   □ Familial Status
   □ Pregnancy
   □ 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)

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

___________________________________________________________________________
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___________________________________________________________________________

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)______________