



Office of Equal Opportunity Programs

**Information for Parties Seeking to File a Complaint of Discrimination Under  
City of Tucson Code, Chapter 17**

Enclosed please find a discrimination complaint form. The following information is provided in an effort to assist you in determining whether to complete this form. **Please read all of these instructions prior to completing the accompanying complaint form.**

- Did the alleged discrimination take place within the Tucson city limits? The City of Tucson does not have jurisdiction relative to employment, housing or public accommodation complaints of discrimination outside of its city limits. If you are filing an employment discrimination complaint, the employer must have less than 100 employees, unless it is a complaint based on sexual orientation, gender identity, familial status or marital status. If your complaint is against an employer with more than 100 employees and is based on a protected class other than those above referenced, please contact the Arizona Attorney General's Office/Civil Rights Division at (520) 628-6500.
- Assess if your complaint clearly articulates that a discriminatory practice and/or act has occurred against you. It is necessary for you to show that persons of a different group than yours (*race, color, religion, ancestry, sex, age, disability, national origin, sexual orientation, gender identity, familial status or marital status*) have been treated in a manner different from you and that the difference in treatment has had a negative impact on your employment, housing, or has resulted in the refusal or restriction of a facility or service.
- Complete all the sections of the complaint form and either print or type the complaint information. Please provide clear and concise information when describing the alleged discriminatory act(s); the dates of the alleged discriminatory act(s); and witnesses to such act(s). Incomplete forms will be returned for completion.
- The complaint form must legibly state your name and include your signature, where indicated, as attesting to the truth and accuracy of the information. Incomplete complaint forms will be returned for necessary information before the complaint can be processed.
- Please submit the completed form to the Office of Equal Opportunity Programs at the address shown below. Our office will review your complaint and make a determination regarding our jurisdiction to initiate an investigation. The review process may take several days. You will be notified by mail of the status of your complaint.

If you have any questions regarding the complaint form, you may contact the OEOP at (520) 791-4593 and ask to speak to an Equal Opportunity Specialist. If you need legal advice, please contact a private attorney, as we cannot provide legal services.

**City of Tucson  
Office of Equal Opportunity Programs  
P.O. Box 27210  
Tucson, AZ 85726-7210**



Office of Equal Opportunity Programs

Complaint # \_\_\_\_\_  
OEOP Staff Member \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_  
*(Office Staff Use Only)*

**CITY OF TUCSON  
CHAPTER 17 DISCRIMINATION COMPLAINT FORM**

**OFFICE OF EQUAL OPPORTUNITY PROGRAMS (OEOP)**

In order for the OEOP to have jurisdiction to investigate a complaint filed under Chapter 17 of the Tucson City Code, the following guidelines must be met: 1) for employment discrimination complaints, the business against which the complaint is filed must be located or incorporated within the Tucson city limits and must not employ more than one-hundred (100) employees, except in cases where the discrimination is based on sexual orientation, gender identity, familial status, or marital status; 2) **the complaint must be filed within ninety (90) calendar days from the date of the alleged discriminatory employment or public accommodation act with the following exceptions:**

- \*one-hundred eighty (180) calendar days from the date of the alleged housing act;
- \*one-hundred eighty (180) calendar days from the date of the alleged disability or accessibility discrimination.

Please refer to Chapter 17 of the Tucson Code for other organizational exclusions over which OEOP may not have jurisdiction at [www.Tucsonaz.gov](http://www.Tucsonaz.gov).

**Please complete the following information and sign the form (if unable to sign, please include the name, relationship and signature of person signing on your behalf).** Incomplete forms will be returned to you.

**I. Your Information:**

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

Home Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Complaint Regarding: \_\_\_\_ Employment (or) \_\_\_\_ Housing (or) \_\_\_\_ Public Accommodation

**II. Type of complaint:** On what basis do you believe you have been discriminated against?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Race _____                      | <input type="checkbox"/> National Origin _____  | <input type="checkbox"/> Sex _____             |
| <input type="checkbox"/> Color _____                     | i.e. Hispanic, Italian, etc.  | <input type="checkbox"/> Sexual Harassment     |
| <input type="checkbox"/> Religion _____                  | <input type="checkbox"/> Sexual Orientation _____                                     | <input type="checkbox"/> Sex, Pregnancy        |
| <input type="checkbox"/> Ancestry _____                  | <input type="checkbox"/> Gender Identity _____  | <input type="checkbox"/> Familial Status _____ |
| <input type="checkbox"/> Age (40 + Employment age) _____ | <input type="checkbox"/> Disability   | <input type="checkbox"/> Age (18 + Housing)    |
| <input type="checkbox"/> Marital Status _____            | <input type="checkbox"/> Discrimination <b>or</b> <input type="checkbox"/> Harassment |  |

Retaliation\*

\*Retaliation must be based either on your opposition to a perceived discriminatory act or on your participation in any manner in a discrimination investigation or proceeding.



Office of Equal Opportunity Programs

**III. Business or housing provider:**

Name: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**IV. Describe what happened:** Beginning with the most recent incident, list events in order by date of occurrence. You may attach additional pages.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Names, addresses, and telephone numbers of people who have direct knowledge of the events you have alleged:**

A. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
B. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

**VI. What would you consider an acceptable resolution to your complaint?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. Have you filed this same complaint with any other agency?**

Arizona Civil Rights Division [ ]	Date filed _____
Equal Employment Opportunity Commission [ ]	Date filed _____
Southwest Fair Housing Council [ ]	Date filed _____
United States Department of Housing and Urban Development [ ]	Date filed _____
Other [ ] _____	Date filed _____



Office of Equal Opportunity Programs  
**OATH OF AFFIRMATION:**

I affirm that the information I have provided in this compliant and attachment(s) is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If unable to sign, please identify the name of the person, relationship, and signature of individual signing on your behalf:

(Printed Name)

\_\_\_\_\_ Relationship: \_\_\_\_\_

(Signature)

\_\_\_\_\_ Date: \_\_\_\_\_

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**Office of Equal Opportunity Programs**  
**P.O. Box 27210**  
**Tucson, Arizona 85726-7210**

Revised on August 1, 2019