DISCRIMINATION COMPLAINT FORM

PURPOSE: The purpose of this form is to assist you in filing a discrimination complaint under the Upper Arlington Anti-Discrimination Ordinance. You are encouraged, but not required, to use this form to file your complaint. If you instead choose to write a letter, it must contain all of the information requested in this form and be signed by you or your authorized representative.

This form can be filled out and submitted online at upperarlingtonoh.gov/city-council-city-clerk/. You may also send your complaint form by e-mail to city.council@uaoh.net, you can mail it to: Attn: City Clerk, 3600 Tremont Road, Upper Arlington, OH 43221 or place it in the City's drop box, located in the Kenny Road parking lot of the Municipal Services Center, 3600 Tremont Road.

Please note, if your complaint contains all the required information, the first step in the process is a referral to mediation.

Personal Information

1. Full Legal Name: _____

2. Street Address: _____

3. City, ZIP: _____

4. Preferred Phone Number: _____

5. Email Address: _____

6. My complaint of discrimination is based on my

    _____ Race

    _____ Color

    _____ Religion

    _____ Sex

    _____ Military or Veteran Status

    _____ National Origin

    _____ Age

    _____ Ancestry

    _____ Familial Status

    _____ Disability

    _____ Sexual Orientation

    _____ Gender Identity

    _____ Gender Expression

    _____ Reprisal

    Other _____

7. Information regarding who you are filing a complaint against:

   1. Name: _____

   2. Address: _____

   3. Phone Number (if known): _____

   4. Email Address (if known): _____

8. Date(s) you believe you were discriminated against: /   /   and approximate time:

_____

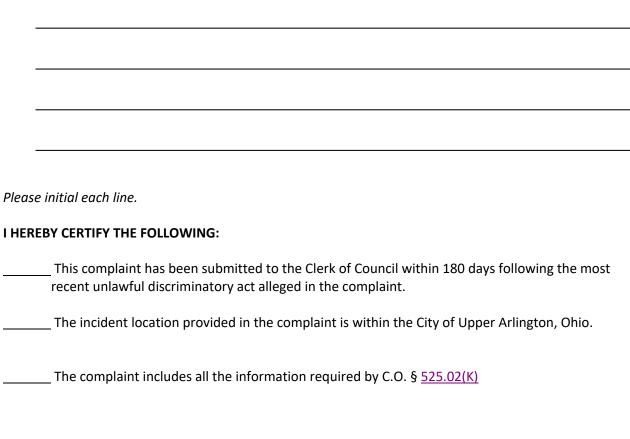9. Upper Arlington address where you believe you were discriminated against:

_____

Complaint Details

If additional space is needed, please attach additional sheets as necessary.

Tell us more about each act of discrimination that you have experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. TYPE OR PRINT CLEARLY.

_____

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

Please initial each line.

I HEREBY CERTIFY THE FOLLOWING:

_____ This complaint has been submitted to the Clerk of Council within 180 days following the most recent unlawful discriminatory act alleged in the complaint.

_____ The incident location provided in the complaint is within the City of Upper Arlington, Ohio.

_____ The complaint includes all the information required by C.O. § 525.02(K)

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

_____   _____

Signature   Date