



GENERAL INSTRUCTIONS FOR FILING A DISCRIMINATION COMPLAINT

- Please obtain the most recent version of the Human Relations Board complaint form. You may pick up a complaint form at the address below or call to have a complaint form mailed to you.
- Before you start, review the information at www.hrb.sarasotagov.com to determine if the City of Sarasota Non-Discrimination Ordinance No. 03-4462, Chapter 18 of the Sarasota City Code, applies to you and to the party you believe has discriminated against you.
- Answer all questions on the complaint form and the Statement of Facts. **Your complaint may be dismissed, or you may be required to resubmit your complaint, if it is incomplete.**
- Complete the form entitled, List of Witnesses and Exhibits. **Do not attach documents you wish to introduce as evidence to this complaint form.** You will be given an opportunity to introduce documentary evidence at a later date.
- You must sign and date the complaint form.
- Contact the Human Relations Board if you change your address or telephone number.
- **Timely submission of your complaint is your responsibility. Contact the Human Relations Board by phone to ensure the Board's receipt of your complaint.**
- Mail or deliver your original completed forms to the address below.

Address: City of Sarasota
Human Relations Board
Federal Building – Rm. 204
111 S. Orange Avenue
Sarasota, FL 34236

Phone: 941-365-2200, x-3747
941-951-3601 (TDD hearing impaired)

Web site: www.hrb.sarasotagov.com

If you have questions or need help completing the form, contact the Human Relations Board at 941-365-2200, ext. 3747. For those with hearing impairments, call 941-951-3601.



COMPLAINT OF DISCRIMINATION – PUBLIC ACCOMMODATION

Please Type or Print Clearly

Name: _____

Mailing Address: _____

Phone numbers where we can call you: Home _____ Work _____ Cell _____

1. Where did the most recent discrimination occur? *(must be in city limits of Sarasota)* _____

2. Date act of discrimination occurred *(must be within 90 days of filing)*: _____
month / day / year

3. Discrimination Statement: "I believe I have been discriminated against in the following ways, in violation of these sections of Chapter 18, Sarasota City Code ..." *(Check all that apply)*

Section 18-46

Denied full and equal enjoyment of goods, services, facilities, privileges, advantages, and accommodations of any place of public accommodation as defined in section 18-47.

Section 18-51

- Discriminated in membership in a club with 200-plus members that serves meals and provides services to non-members
- Retaliated against because opposed discrimination
- Aided, abetted, coerced, etc. any entity to engage in unlawful discrimination

Section 18-47

Place of public accommodation means establishments which serve the public, including:

- (a) inn, hotel, motel; any lodging other than a two-unit dwelling occupied in part by the owner
- (b) restaurant
- (c) bar, lounge
- (d) theater, concert hall, sports arena, stadium, etc.
- (e) library, educational facility; taxi, limousine, bus; hospital, health care provider; retail services such as barber & beauty shop, clothing & hardware store, grocery, bank, etc.; funeral parlor; lawyer & accountant office; swimming pool; day care center, etc.
- (f) terminal, depot, etc.
- (g) museum, gallery, etc.
- (h) park, zoo, amusement park, etc.
- (i) social service provider
- (j) gym, spa, bowling alley, golf course, etc.

Exemptions: The following are, in certain circumstances, exempt from the provisions of the City non-discrimination ordinance: restrooms, health spas, etc. that separate by gender; religious organizations; use of certain facilities by particular groups; private clubs not open to the public; and individuals who pose threat to health or safety. Please see **Section 18-49, "Exemptions,"** for a complete description.

4. Have you filed a complaint with another governmental agency for this alleged act of discrimination?
 No Yes *(must be first time filed a complaint for this alleged act of discrimination)*

5. Accommodation Information:

Name of the restaurant, hotel, transportation facility, building access or similar public establishment you allege discriminated against you: _____

Name of owner, president, or registered agent of employer: _____

Mailing Address of accommodation: _____

Telephone number of business: _____

Name and title of person who committed discrimination: _____

**I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED.
I UNDERSTAND THAT I MAY RETAIN LEGAL COUNSEL AT MY OWN EXPENSE.**

UNDER PENALTIES OF PERJURY, I DECLARE THAT THE STATEMENTS MADE IN THIS COMPLAINT OF DISCRIMINATION AND IN THE ATTACHMENTS TO THE COMPLAINT AND TRUE AND ACCURATE.

Signature of Complainant: _____ Date: _____

NOTARY ACKNOWLEDGMENT

STATE OF FLORIDA

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 200__, by _____ who is personally known to me or who has produced _____ as identification; that he/she is the person who answered the foregoing and has sworn were answered truthfully and completely to the best of his/her knowledge and ability.

SWORN TO AND SUBSCRIBED before me, this _____ day of _____, 200__.

(signature of Notary Public)

(print, type or stamp commissioned name of Notary Public)

STATEMENT OF FACTS

**You may answer questions on a separate sheet.
However, you must number and answer each question**

Name: _____

1. Please explain in detail the act of alleged discrimination, including who, what, when, where, how.

2. Please explain why you believe that your age, color, disability, gender, marital status, national origin, race, religion, sexual orientation or veteran status, was a factor in the action taken against you.

3. Were any reasons given for the action taken against you?

4. Please provide the name, address and phone number of anyone who was treated differently than you, under the same circumstances and state how they were treated differently.

Attach additional page(s) if necessary.

LIST OF WITNESSES & EXHIBITS

-- Please Type or Print Clearly --

Name: _____

Please list all persons having **direct knowledge** of the problems leading to or involved in your complaint. **This would be any person who you intend to call as witnesses. Please limit it to those who have direct knowledge.**

	Name / Relationship	Complete Street Address, City, State, Zip	Phone No(s).
1			
2			
3			
4			
5			

Please list each document or piece of evidence you intend to introduce at a public hearing on your case.

	Type of Document (e.g.: email, policy, statement, letter, etc.)	Date of Document	Author of Document
1			
2			
3			
4			
5			