City of St. Augustine Human Rights Complaint Form

I. Information about you (the Complainant)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<table>
<thead>
<tr>
<th>Home Telephone</th>
<th>Work Telephone</th>
<th>Cellular Telephone</th>
<th>E-Mail Address</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Sex</th>
<th>Race</th>
<th>National Origin</th>
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<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
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<table>
<thead>
<tr>
<th>Marital Status</th>
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<tbody>
<tr>
<td>Single</td>
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If you will be represented by an attorney, please provide the attorney's name, e-mail and telephone number.

<table>
<thead>
<tr>
<th>Attorney's Name</th>
<th>Attorney's E-mail</th>
<th>Attorney's Telephone</th>
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II. Regulated Areas

I believe I was discriminated against in the area of:

- [ ] Employment
- [ ] Housing
- [ ] Public Accommodations (Restaurants, stores, hotels, movie theaters, etc.)

III. I am filing a complaint against (Respondent)

<table>
<thead>
<tr>
<th>Full Legal Name</th>
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<table>
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<tr>
<th>Address</th>
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<th>State</th>
<th>Zip Code</th>
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<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Website or E-Mail</th>
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<td>(   )</td>
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</table>
Individual(s) who discriminated against me

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
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Date of Discrimination

The most recent act of discrimination happened on: ___/___/___

Month Day Year

IV. Jurisdictional Information

Do you believe any of the following cause(s) of discrimination was/is a factor in your case? (Mark the appropriate box(es))

- [ ] Race
- [ ] Color
- [ ] National Origin
- [ ] Religion
- [ ] Sex
- [ ] Gender Identity
- [ ] Sexual Orientation
- [ ] Disability
- [ ] Age
- [ ] Marital Status
- [ ] Familial Status

Have you filed this complaint with any other Federal, State or Local Anti-Discrimination Agency?

- [ ] No
- [ ] Yes (If yes, complete below)

Agency Name

Result

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

On what date did you file?  

Date action was decided
Housing Discrimination

Please answer the questions on this page **only** if you were discriminated against in the area of **housing.** If not, turn to the next page.

Who discriminated against you?

- [ ] Builder
- [ ] Bank or other lender
- [ ] Manager/Superintendent
- [ ] Owner/Landlord
- [ ] Salesperson
- [ ] Condo Association
- [ ] Other

What kind of property was involved?

- [ ] Single-family house
- [ ] Mobile Home
- [ ] Building with 2-4 apartments
- [ ] Two-family house
- [ ] Commercial Space
- [ ] Building with 5 or more apartments
- [ ] Other

Was this property being sold or being rented?

- [ ] Being sold
- [ ] Being rented

Are you currently living there?

- [ ] Yes
- [ ] No

Address of Property:

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
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</thead>
</table>

Acts of Discrimination

What did the individual, business or company you are complaining against do? Please check all that apply.

- [ ] Refused to rent or sell to me
- [ ] Evicted me/threatened to evict me
- [ ] Denied me access for my disability
- [ ] Denied me equal terms, privileges, or facilities that other tenants were given
- [ ] Discriminated against me in lending or way financing
- [ ] Harassed me based on my sex, national origin, race, disability, etc.
- [ ] Advertised in a discriminatory
- [ ] Other

REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK
For all complaints, please tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory.

If you need more space to write, please continue writing on a separate sheet of paper and attached it to the Complaint Form.
Additional Information

Special Needs - I am in need of:

a) A translator (if so, which language?): ________________________________

b) Accommodations for a disability: ________________________________

c) Other: ________________________________

Witnesses - The following people saw or heard the discrimination and can act as witnesses:

Name: ________________________________  Job title: ________________________________

Telephone number: ________________________________  Relationship to me: ________________________________

What did this person witness?: ________________________________

Name: ________________________________  Job title: ________________________________

Telephone number: ________________________________  Relationship to me: ________________________________

What did this person witness?: ________________________________

Additional Details:

Did you report or complain about the discrimination to someone else? (If you told someone, filed a report or sent a letter about the discrimination, please indicate whether you went to the owner of the company, your housing provider, the police, etc.).

_______________________________________________________________

Date you reported or complained about discrimination: ________________________________

How exactly did you complain about the discrimination? (Who did you talk to about it? Who did you file a report or make a formal written complaint or union grievance with? What did you say?)

_______________________________________________________________

What happened after you complained? (Was your complaint investigated? Was any action taken in response to your complaint? Did the discrimination stop? Did you experience retaliation for complaining?)

If you did not report the discrimination, please explain why:

_______________________________________________________________

Examples of other people who were discriminated against in the same way as you were: (For example, did not receive an accommodation for the same reasons, etc.) If you are complaining about discrimination relating to race, color national origin, religion, sex, gender identity, sexual orientation, disability, marital and familial status, or age, please describe their races, colors, national

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origins, religions, sex, gender identity, sexual orientation, disability, marital and familial status, ages, etc.

Examples of other people who were treated better than you were: (For example, people who were allowed to rent or purchase while you were denied, etc.) If you are complaining about discrimination relating to race, color national origin, religion, sex, gender identity, sexual orientation, disability, marital and familial status, or age, please describe their races, colors, national origins, religions, sex, gender identity, sexual orientation, disability, marital and familial status, ages, etc.

Settlement / Conciliation

To settle this Complaint, I would accept: (Please explain what you want to happen because of this complaint. Do you want a letter of apology, an end to the harassment, etc.? This is an optional question; you may choose not to answer.)

If you need more space to write, please continue writing on a separate sheet of paper and attached it to the Complaint Form.
NOTARIZATION OF THE COMPLAINT FORM

Based on the information contained in this form, I charge the Respondent with an unlawful discriminatory practice, in violation of the City of St. Augustine Human Rights Ordinance (Chapter 16, Article II). I understand that the information in this Complaint Form will be shared, in whole or part, with the Respondent.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice.

I swear or affirm under penalty of perjury that I am the Complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.

_________________________________________       Date

Sign your full legal name

STATE OF _____________
COUNTY OF _______________________

Sworn to (or affirmed) and subscribed before me this ______ day of ____________, 20 ___,
by _________________________________

__________________________
Signature of Notary Public – State of Florida

__________________________
Name of Notary Typed, Printed or Stamped

(NOTARY SEAL)

Personally Known ______ OR Produced Identification ______

Type of Identification Produced ________________________________