



City of Miami Beach Human Rights Complaint Form

City Use Only

Charge Number: _____

Date Received: _____

I. Information about you (the Complainant)

Last Name	First Name	Middle Initial

Address	City	State	Zip Code

Home Telephone ()	Work Telephone ()	Cellular Telephone ()	E-Mail Address

Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	National Origin

Marital Status					
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Domestic Partnership

If you will be represented by an attorney, please provide the attorney's name, e-mail and telephone number.

Attorney's Name	Attorney's E-mail	Attorney's Telephone ()

II. Regulated Areas

I believe I was discriminated against in the area of:
<input type="checkbox"/> Employment
<input type="checkbox"/> Housing
<input type="checkbox"/> Public Accommodations (Restaurants, stores, hotels, movie theaters, etc.)

III. I am filing a complaint against (Respondent)

Full Legal Name			
Address	City	State	Zip Code
Telephone Number ()	Website or E-Mail		

Individual(s) who discriminated against me

Name	Title
Name	Title
Name	Title

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))

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Religion
<input type="checkbox"/> Sex	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Disability
<input type="checkbox"/> Age	<input type="checkbox"/> Marital Status	<input type="checkbox"/> 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

Employment Discrimination

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

How many employees does this company have?			
<input type="checkbox"/> 1-4	<input type="checkbox"/> 5-14	<input type="checkbox"/> 15 – 100	<input type="checkbox"/> 101 or more
Are you currently working for the company, business or individual that you claim discriminated against you?			
<input type="checkbox"/> Yes			
Date of Hire _____ / _____ / _____ Month Day Year			
What is your job tile? _____			
<input type="checkbox"/> No			
Last Day at Work _____ / _____ / _____ Month Day Year			
What was your job tile? _____			
<input type="checkbox"/> I was not hired by the company.			
Date of application _____ / _____ / _____ Month Day Year			

Acts of Discrimination

What did the company, business or individual that you are complaining against do? Please check all that apply.	
<input type="checkbox"/> Refused to hire me	<input type="checkbox"/> Fired me / laid me off
<input type="checkbox"/> Did not call me back after a lay-off	<input type="checkbox"/> Suspended me
<input type="checkbox"/> Harassed or intimidated me (other than sexual harassment)	<input type="checkbox"/> Sexually harassed me
<input type="checkbox"/> Denied me training	<input type="checkbox"/> Denied me a promotion or pay raise
<input type="checkbox"/> Paid me a lower salary than other workers in my same title	<input type="checkbox"/> Denied me leave time or other benefits
<input type="checkbox"/> Gave me different or worse job duties than other workers in my same title	<input type="checkbox"/> Denied me an accommodation for my disability
<input type="checkbox"/> Denied me an accommodation for my religious practices	<input type="checkbox"/> Gave me a disciplinary notice or negative performance evaluation
<input type="checkbox"/> Other _____	

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?			
<input type="checkbox"/> Builder	<input type="checkbox"/> Bank or other lender	<input type="checkbox"/> Manager/Superintendent	
<input type="checkbox"/> Owner/Landlord	<input type="checkbox"/> Salesperson	<input type="checkbox"/> Condo Association	
<input type="checkbox"/> Other _____			
What kind of property was involved?			
<input type="checkbox"/> Single-family house	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Building with 2-4 apartments	
<input type="checkbox"/> Two-family house	<input type="checkbox"/> Commercial Space	<input type="checkbox"/> Building with 5 or more apartments	
<input type="checkbox"/> Other _____			
Was this property being sold or being rented?			
<input type="checkbox"/> Being sold		<input type="checkbox"/> Being rented	
Are you currently living there?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Address of Property:

Address	City	State	Zip code

Acts of Discrimination

What did the individual, business or company you are complaining against do? Please check all that apply.	
<input type="checkbox"/> Refused to rent or sell to me	<input type="checkbox"/> Evicted me/threatened to evict me
<input type="checkbox"/> Denied me access for my disability	<input type="checkbox"/> Denied me equal terms, privileges, or facilities that other tenants were given
<input type="checkbox"/> Discriminated against me in lending or financing	<input type="checkbox"/> Advertised in a discriminatory way
<input type="checkbox"/> Harassed me based on my sex, national origin, race, disability, etc.	
<input type="checkbox"/> Other _____	

REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK

Public Accommodations Discrimination

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

Who discriminated against you?

- Retail establishment (store)
- Inn, hotel, motel or other establishment providing lodging
- Restaurant, cafeteria, lunchroom, lunch counter, soda fountain or other facility principally engaged in selling food for consumption.
- Bar, lounge, nightclub or other facility principally engaged in selling alcoholic beverages for consumption on the premises
- Motion picture house, theater, concert hall, convention hall, or other place of exhibition of entertainment
- Other _____

Address of Public Establishment:

Address	City	State	Zip code

Acts of Discrimination

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

- Denied service
- Denied room
- Denied reasonable accommodation for disability
- Given different terms and conditions for service
- Other _____

REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK

Discrimination Based on Disability

Answer the questions on this page **only** if you are claiming discrimination based on **disability**. If not, turn to the next page. If you have been medically diagnosed as having a physical or mental disability, please attach a copy of your doctor's diagnosis.

Please check all that apply:

- Yes, I am a person with disability.
- I am not a current person with a disability, but I was previously.
- No disability, but the company, individual or business treats me as if I am a person with disability.

What is the disability(ies) that you believe is the reason for the adverse action taken against you?

How does your disability affect your ability to talk, take care of your daily activities, sleep, eat, breathe, work, hear and/or see?

Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability? Yes No

If yes, to what extent is your disability or impairment corrected by the medication or device(s)? _____

Do you have a service animal? Yes No What type (e.g. dog)? _____

What service does the animal provide? _____

Did you ask for any changes, assistance or accommodation because of your disability (reasonable accommodation)?

Yes No

If yes, when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person) _____

Describe the changes, assistance or accommodation that you asked for: _____

What was the response to your request for changes, assistance or accommodation? _____

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 a supervisor, a manager, the owner of the company, your human resources office, your union, 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, people who were harassed by the same manager, disciplined or terminated for the same reasons, 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 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 not fired for doing the same thing you were fired for, people who were allowed to stay in the store while you were told to leave, 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, your job back, lost wages, 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 Miami Beach Human Rights Ordinance (2010-3669). 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.

Sign your full legal name

Date: _____

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____.

Signature of Notary Public – State of Florida

(NOTARY SEAL)

Name of Notary Typed, Printed or Stamped

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____