



Employment with City Contractors Complaint Form

Pursuant to Title 5, Section 110 of the City of Tulsa City Ordinance (TRO), it shall be unlawful for an individual, partnership, association, corporation, legal representative or a combination thereof and any labor organization furnishing or referring employee applicants, who contracts with the City of Tulsa to discriminate based on race, religion, color, national origin, ancestry, sex, age, disability or medical condition due to pregnancy.

Personal Information:

Name _____ Address _____

City _____ State _____ Zip Code _____ Phone Number _____

E-Mail _____

Location of Discrimination:

Name of Business _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Date of Discriminatory Act _____

I am a/an:

- Employee- Date of Hire and Job Title: _____
- Former Employee- Date of Hire, Job Title and Last day of Employment: _____
- Job Applicant
- Independent Contractor
- Other: _____

Why do you believe you are being discriminated against?

- Race: _____
- National Origin: _____
- Disability (Or Medical Condition): _____
- Religion: _____
- Color: _____
- Ancestry: _____
- Sexual Orientation
- Age: _____
- Gender Identity
- Sex: Male Female

At which stage of employment did the discrimination occur?

- Interview
- Hiring
- Firing
- Layoffs
- Promotion or transfer
- Compensation
- Normal work
- Other _____

Please specify the action(s) taken against you:

- Refused to hire
- Discharged
- Compensation
- Denied the opportunity to apply for job
- Retaliation for making a charge, testifying, assisting in an investigation or proceedings pursuant to Title 5



Describe your case in detail in 300 words or less:

Seven horizontal lines for describing the case.

Please provide the name(s) of any witnesses who have a firsthand account of what happened?

Name _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
Email _____

Name _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
Email _____

You may provide additional information that is relevant to your complaint.

Seven horizontal lines for additional information.

I declare under penalty of perjury that the foregoing information contained in this complaint is true and correct to the best of my knowledge and belief.

Signature

Date

Please mail or drop off form to:

City of Tulsa - City Clerk's Office 175 E. 2nd St., Suite 260, Tulsa, OK 74103-3223