

# 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:  | Email:                  |                        |                             |
|   |                         |                        |                             |
| Location of Discrimination:   |                         |                        |                             |
| Name of Business:   |                         | Phone:                 | Date of Discriminatory Act: |
|   |                         |                        |                             |
| Address:  |                         | City:                  | State: ZIP code:            |
|   |                         |                        |                             |
| Employment Classification (Select Classification That Applies):   |                         |                        |                             |
|   | Date Hired/<br>Applied: | Job Title/Description: | Last Day of<br>Employment:  |
| <input type="checkbox"/> Former Employee:   |                         |                        |                             |
| <input type="checkbox"/> Employee:  |                         |                        |                             |
| <input type="checkbox"/> Job Applicant:   |                         |                        |                             |
| <input type="checkbox"/> Independent Contractor:  |                         |                        |                             |
| <input type="checkbox"/> Other (Describe):  |                         |                        |                             |
| Why Do You Believe You Are Being Discriminated Against?   |                         |                        |                             |
| <input type="checkbox"/> Race: _____ <input type="checkbox"/> Disability (or Medical Condition): _____ <input type="checkbox"/> Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Color: _____ <input type="checkbox"/> Religion: _____ <input type="checkbox"/> Sexual Orientation<br><input type="checkbox"/> National Origin _____ <input type="checkbox"/> Age: _____ <input type="checkbox"/> Gender Identity<br><input type="checkbox"/> Ancestry: _____ |                         |                        |                             |
| At Which Stage of Employment did the Discrimination Occur?  |                         |                        |                             |
| <input type="checkbox"/> Interview <input type="checkbox"/> Promotion or Transfer <input type="checkbox"/> Layoffs<br><input type="checkbox"/> Hiring <input type="checkbox"/> Compensation <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Normal Work <input type="checkbox"/> Firing   |                         |                        |                             |

Employment with City Contractors:

# COMPLAINT FORM



|  |             |  |             |
|--|-------------|--|-------------|
| Specify the Action(s) Taken Against You:   |             |  |             |
| <input type="checkbox"/> Refused to hire   |             | <input type="checkbox"/> Denied the opportunity to apply for job   |             |
| <input type="checkbox"/> Discharged  |             | <input type="checkbox"/> Retaliation for making a charge, testifying, assisting in an investigation or proceedings pursuant to Title 5 |             |
| <input type="checkbox"/> Compensation  |             |  |             |
| In 300 Words or Less, Describe Your Case in Detail:  |             |  |             |
| <div></div>  |             |  |             |
| Please Provide the Name(s) of Any Witnesses Who Have a Firsthand Account of What Happened: |             |  |             |
| Name:  |             |  |             |
| <div></div>  |             |  |             |
| Address:   | City:       | State:   | ZIP code:   |
| <div></div>  | <div></div> | <div></div>  | <div></div> |
| Phone:   | Email:      |  |             |
| <div></div>  | <div></div> |  |             |

|             |             |             |             |
|-------------|-------------|-------------|-------------|
| Name:       |             |             |             |
| <div></div> |             |             |             |
| Address:    | City:       | State:      | ZIP code:   |
| <div></div> | <div></div> | <div></div> | <div></div> |
| Phone:      | Email:      |             |             |
| <div></div> | <div></div> |             |             |

|  |  |  |  |
|--|--|--|--|
| Describe Additional Information That is Relevant to Your Complaint (Optional): |  |  |  |
| <div></div>  |  |  |  |

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:       |
| <div></div> | <div></div> |