



City of Palm Springs
HUMAN RIGHTS COMMISSION

Complaint of Discrimination Form

Case Number:	Date Received:
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Use this form to describe the act of discrimination which you feel has been committed against you as a result of race, color, religion, national origin, gender, age, physical or mental disability, medical condition, sexual orientation, marital status, or any other legally protected status. This form can be used by any person living in the territorial or jurisdictional boundaries of the City of Palm Springs, California.

All facts and information presented should be considered carefully and as thoroughly as possible; all statements offered herein are made under penalty of perjury.

PLEASE PRINT OR TYPE ALL INFORMATION

Your Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

COMPLAINT OF DISCRIMINATION FORM (Continued)

1. I believe that I was discriminated against because of (Check one or more):

- | | |
|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Physical Condition |
| <input type="checkbox"/> Color | <input type="checkbox"/> Mental Condition |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Age |
| <input type="checkbox"/> Other (<i>Describe Below</i>) | |

2. Please supply the name and address of the individual or organization that you feel has discriminated against you, if known:

3. Have you filed a discrimination complaint with any other city, state or federal agency, or do you have a lawsuit pending against the person or organization you have named in this complaint?

Yes, I have filed with: _____

No, I have not filed a complaint

4. Have you ever filed a complaint with the City of Palm Springs Human Rights Commission before? Yes No

If yes, please explain the circumstances below:

5. Please explain in detail your complaint of discrimination. Be as specific as possible with names, dates and witnesses. (*If you need additional space, please attach as many additional sheets as necessary to this form*)

COMPLAINT OF DISCRIMINATION FORM (Continued)

5. (Continued)

I swear and affirm that the information I have given is correct to the best of my knowledge and ability. I understand that the person or organization I have charged in this complaint will be notified and sent a copy of this complaint. I understand that all information I have offered is given under penalty of perjury.

NOTICE: “During the mediation process, the information contained in this complaint will be confidential. However, at the completion of mediation, the information is subject to disclosure under the California Public Records Act.”

Signature: _____ Date: _____

PLEASE DO NOT WRITE BELOW THIS AREA (Commission Use Only)

Date Received by Human Rights Commission: _____

Referred to Commissioner: _____

Acknowledgement Letter Sent: _____ Yes _____ No Date: _____

Referred to Mediator: _____

Disposition of Case: (Make note of any correspondence and attach copies)

Date Case Closed: _____

Signature of Commissioner: _____