



**FOR OFFICE USE ONLY:**  
**COMPLAINT #:** \_\_\_\_\_

**COMPLAINT OF DISCRIMINATION**

**COMPLAINANT:**

**VS**

**RESPONDENT:**

\_\_\_\_\_

**THE ALLEGATION OF DISCRIMINATION IS BASED UPON: (CHECK ALL THAT APPLY)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> SEXUAL ORIENTATION | <input type="checkbox"/> AGE             | <input type="checkbox"/> DISABILITY      |
| <input type="checkbox"/> RACE               | <input type="checkbox"/> RELIGION        | <input type="checkbox"/> GENDER IDENTITY |
| <input type="checkbox"/> COLOR              | <input type="checkbox"/> NATIONAL ORIGIN | <input type="checkbox"/> RETALIATION     |
| <input type="checkbox"/> GENDER             | <input type="checkbox"/> MARITAL STATUS  |  |

**TYPE OF COMPLAINT:**

FORMAL     INFORMAL

**TYPE OF ALLEGATION:**

HOUSING     EMPLOYMENT     PUBLIC ACCOMMODATION     FAIR CREDIT  
 OTHER (PROGRAMS/SERVICES)

**IF ANY OF THE FOLLOWING APPLY, PLEASE CHECK, ONLY, IF YOUR COMPLAINT IS BASED ON ONE OF THE ABOVE PROTECTED CHARACTERISTICS:**

Harassment                       Hostile Work Environment

\_\_\_\_\_

**Date of most recent discriminatory action:** \_\_\_\_\_

**The reason the Respondent gave for the alleged discriminatory action (eg: no work, downsizing, company closing, etc.)** \_\_\_\_\_  
\_\_\_\_\_

**The reason I believe the action is discriminatory:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Personal harm suffered (ex: loss wages, increased rent, emotional distress, moving expenses, or any other expenses, embarrassment, having to do business elsewhere):** \_\_\_\_\_

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**What is your desired resolution?** \_\_\_\_\_

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I will advise the Office of Equal Opportunity if my address or telephone number changes and I will cooperate fully with them in the processing of my complaint in accordance with their procedures.

Note: During the investigation of a complaint, the Office of Equal Opportunity is neither an advocate for the Complainant or the Respondent.

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**NOTARIZED SIGNATURE**

\_\_\_\_\_  
(COMPLAINANT)

STATE OF FLORIDA  
COUNTY OF ALACHUA

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_, to me well-known (or who produced \_\_\_\_\_ as identification), and s/he acknowledged before me that s/he is the person who signed the above and foregoing complaint.

WITNESS my hand and seal of my office, \_\_\_\_\_ County, Florida this \_\_\_\_\_ day of \_\_\_\_\_, A.D.,

\_\_\_\_\_  
Notary Public, State-at-Large

My commission expires: \_\_\_\_\_

CITY OF GAINESVILLE OFFICE OF EQUAL OPPORTUNITY  
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