

City of Miami Beach Human Rights Complaint Form

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
()	()	()	_____

I believe I was discriminated against in the area of:

- Employment**
- Housing**
- Public Accommodations (Restaurants, stores, hotels, movie theaters, etc.)**

I am filing a complaint against (Respondent - Name of organization or individual)

Full Legal Name

Address	City	State	Zip Code
_____	_____	_____	_____

Date (or dates) of alleged discrimination: ____/____/____

The Miami Beach Human Rights Ordinance prohibits discrimination based upon the following categories. Do you believe that you suffered discrimination based upon any of these categories? Check all that apply:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Intersexuality | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Familial Status | <input type="checkbox"/> Age |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Height | <input type="checkbox"/> Weight | <input type="checkbox"/> DomesticPartnerStatus |
| <input type="checkbox"/> Labor Organization Membership | <input type="checkbox"/> Familial Situation | <input type="checkbox"/> Political Affiliation | |

Have you filed a lawsuit or complaint regarding this issue with any other Federal, State or Local Agency?

No Yes (If yes, complete below)

Agency name

On what date did you file?

____/____/____

Did the agency commence an investigation on your claim?

No Yes (If yes, complete below)

Issued a final determination of your claim?

No Yes (If yes, complete below)

Date action was decided

____/____/____

What was the result?

Description of Alleged Discrimination

For all complaints, please tell us more about each act of alleged discrimination. Please include dates, names of people involved, and explain why you think it was discriminatory.

If you need more space to write, please continue writing on a separate sheet of paper and attached it to the Complaint Form.

VERIFICATION 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. I understand that the information in this Complaint Form will be shared, in whole or part, with the respondent.

I swear or affirm under penalty of perjury that the foregoing is true and correct, based on my current knowledge, information and belief.

Sign your full legal name

Date: _____