



## 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?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Race: _____                              | <input type="checkbox"/> Color: _____       |   |
| <input type="checkbox"/> National Origin: _____                   | <input type="checkbox"/> Ancestry: _____    |   |
| <input type="checkbox"/> Disability (Or Medical Condition): _____ | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender Identity  |
| <input type="checkbox"/> Religion: _____                          | <input type="checkbox"/> Age: _____         | <input type="checkbox"/> Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |

### At which stage of employment did the discrimination occur?

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Interview | <input type="checkbox"/> Promotion or transfer |
| <input type="checkbox"/> Hiring    | <input type="checkbox"/> Compensation          |
| <input type="checkbox"/> Firing    | <input type="checkbox"/> Normal work           |
| <input type="checkbox"/> Layoffs   | <input type="checkbox"/> 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:**

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**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.**

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**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. 2<sup>nd</sup> St., Suite 260, Tulsa, OK 74103-3223**