



## GENERAL INSTRUCTIONS FOR FILING A DISCRIMINATION COMPLAINT

- Please use the appropriate version of the Human Relations Board complaint form. You may also pick up a complaint form at the address below or call to have a form mailed to you.
- Before you start, review the information at [www.sarasotafl.gov](http://www.sarasotafl.gov) to determine if the City of Sarasota Non-Discrimination Ordinance No. 03-4462, Chapter 18 of the Sarasota City Code, applies to you and to the party you believe has discriminated against you.
- Answer all questions on the complaint form and the Statement of Facts. **Your complaint may be dismissed, or you may be required to resubmit your complaint, if it is incomplete.**
- Complete the form entitled, List of Witnesses and Exhibits. **Do not attach documents you wish to introduce as evidence to this complaint form.** You will be given an opportunity to introduce documentary evidence at a later date.
- You must sign and date the complaint form.
- Contact the Human Relations Board if you change your address or telephone number.
- **Timely submission of your complaint is your responsibility. Contact the Human Relations Board by phone to ensure the Board's receipt of your complaint.**
- Mail or deliver your original completed forms to the address below.

Address: City of Sarasota  
Human Relations Board  
Federal Building – Rm. 204  
111 S. Orange Avenue  
Sarasota, FL 34236

Phone: 941-365-3630  
Web site: [www.sarasotafl.gov](http://www.sarasotafl.gov)

**If you have questions or need help completing the form, contact the Human Relations Board at 941-365-3630.**



## COMPLAINT OF DISCRIMINATION – PUBLIC ACCOMMODATION

Please Type or Print Clearly

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone numbers where we can call you: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

1. Where did the most recent discrimination occur? (*must be in city limits of Sarasota*) \_\_\_\_\_

2. Date act of discrimination occurred (*must be within 90 days of filing*): \_\_\_\_\_  
month / day / year

3. Discrimination Statement: "I believe I have been discriminated against in the following ways, in violation of these sections of Chapter 18, Sarasota City Code ..." (*Check all that apply*)

### Section 18-46

Denied full and equal enjoyment of goods, services, facilities, privileges, advantages, and accommodations of any place of public accommodation as defined in section 18-47.

### Section 18-51

- Discriminated in membership in a club with 200-plus members that serves meals and provides services to non-members
- Retaliated against because opposed discrimination
- Aided, abetted, coerced, etc. any entity to engage in unlawful discrimination

### Section 18-47

Place of public accommodation means establishments which serve the public, including:

- (a) inn, hotel, motel; any lodging other than a two-unit dwelling occupied in part by the owner
- (b) restaurant
- (c) bar, lounge
- (d) theater, concert hall, sports arena, stadium, etc.
- (e) library, educational facility; taxi, limousine, bus; hospital, health care provider; retail services such as barber & beauty shop, clothing & hardware store, grocery, bank, etc.; funeral parlor; lawyer & accountant office; swimming pool; day care center, etc.
- (f) terminal, depot, etc.
- (g) museum, gallery, etc.
- (h) park, zoo, amusement park, etc.
- (i) social service provider
- (j) gym, spa, bowling alley, golf course, etc.

**Exemptions:** The following are, in certain circumstances, exempt from the provisions of the City non-discrimination ordinance: restrooms, health spas, etc. that separate by gender; religious organizations; use of certain facilities by particular groups; private clubs not open to the public; and individuals who pose threat to health or safety. Please see **Section 18-49, "Exemptions,"** for a complete description.

4. Have you filed a complaint with another governmental agency for this alleged act of discrimination?  
 No  Yes (*must be first time filed a complaint for this alleged act of discrimination*)

**5. Accommodation Information:**

Name of the restaurant, hotel, transportation facility, building access or similar public establishment you allege discriminated against you: \_\_\_\_\_

Name of owner, president, or registered agent of employer: \_\_\_\_\_

Mailing Address of accommodation: \_\_\_\_\_

Telephone number of business: \_\_\_\_\_

Name and title of person who committed discrimination: \_\_\_\_\_

**I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED.  
I UNDERSTAND THAT I MAY RETAIN LEGAL COUNSEL AT MY OWN EXPENSE.**

**UNDER PENALTIES OF PERJURY, I DECLARE THAT THE STATEMENTS MADE IN THIS COMPLAINT OF DISCRIMINATION AND IN THE ATTACHMENTS TO THE COMPLAINT AND TRUE AND ACCURATE.**

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY ACKNOWLEDGMENT**

**STATE OF FLORIDA**

**County of** \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification; that he/she is the person who answered the foregoing and has sworn were answered truthfully and completely to the best of his/her knowledge and ability.

SWORN TO AND SUBSCRIBED before me, this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
(signature of Notary Public)

\_\_\_\_\_  
(print, type or stamp commissioned name of Notary Public)

# STATEMENT OF FACTS

**You may answer questions on a separate sheet.  
However, you must number and answer each question**

Name: \_\_\_\_\_

1. Please explain in detail the act of alleged discrimination, including who, what, when, where, how.

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2. Please explain why you believe that your age, color, disability, gender, marital status, national origin, race, religion, sexual orientation or veteran status, was a factor in the action taken against you.

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3. Were any reasons given for the action taken against you?

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4. Please provide the name, address and phone number of anyone who was treated differently than you, under the same circumstances and state how they were treated differently.

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Attach additional page(s) if necessary.

ADDITIONAL PAGE

-- Please Type or Print Clearly --

Complainant: \_\_\_\_\_

A series of horizontal lines for writing a complaint.

Attach additional page(s) if necessary

## LIST OF WITNESSES & EXHIBITS

-- Please Type or Print Clearly --

Name: \_\_\_\_\_

Please list all persons having **direct knowledge** of the problems leading to or involved in your complaint. **This would be any person who you intend to call as witnesses. Please limit it to those who have direct knowledge.**

	Name / Relationship	Complete Street Address, City, State, Zip	Phone No(s).
1			
2			
3			
4			
5			

Please list each document or piece of evidence you intend to introduce at a public hearing on your case.

	Type of Document (e.g.: email, policy, statement, letter, etc.)	Date of Document	Author of Document
1			
2			
3			
4			
5			