

What is Covered by the City of Austin Municipal Code, Chapter 5-2: Discrimination in Public Accommodations?

The City of Austin Office of Civil Rights investigates complaints of discrimination in places of public accommodation based on:

Creed / Religion (religious membership, belief, practice, or observance; or discrimination because you do not have a religious belief)

Disability (a physical or mental impairment that substantially limits one or more major life activity of the individual, including caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working; a record of the impairment; or being regarded as having an impairment.)

Gender Identity or Expression (a person's individual attributes, actual or perceived, that may be in accord with or opposed to, one's physical anatomy, chromosomal sex, genitalia, or sex assigned at birth.)

Age (a person over the age of 18 years)

National Origin (the country where you or your ancestors were born)

Race/Color (because you are Asian, Black, White, etc.; includes ethnicity; includes traits historically associated with race such as hair texture or hairstyle)

Protective Hairstyle (a hairstyle necessitated by, or resulting from, the characteristics of a hair texture or hairstyle commonly associated with race, national origin, ethnicity, or culture, and includes but is not limited to afros, bantu knots, braids, cornrows, curls, locs, twists, or hair that is tightly coiled or tightly curled.

Sex (because of your gender, includes sexual stereotyping, sexual harassment, pregnancy)

Sexual Orientation (an individual's sexuality or sexual practice including homosexuality, heterosexuality, bisexuality, asexuality, or pansexuality)

Reproductive Health Action (means an individual's receipt or provision of services or counseling related to the reproductive system and its functions, including, but not limited to: family planning services, abortion, birth control, emergency contraception, sterilization, and pregnancy testing; fertility-related medical procedures; or sexually transmitted disease prevention, testing, or treatment)

The City of Austin Ordinance under municipal code chapter 5-2 investigates complaints only if the discrimination is based on one or more of the above reasons. The City of Austin Office of Civil Rights cannot investigate unfair treatment that does not involve one of these reasons.

**City of Austin Office of Civil Rights
Public Accommodation Discrimination Complaint Form**

Although all ages are protected, you must be 18 years or older to file a complaint. A parent, guardian or other person having legal authority to act in the child's interests must file on behalf of a person under the age of 18.

1. Your contact information:		
First Name	Middle Initial/Name	
Last Name		
Street Address/ PO Box	Apt or Floor #:	
City	State	Zip Code
If you are filing on behalf of a person or persons under the age of 18 for whom you have legal authority to act:		I am filing for: <input type="checkbox"/> Self & other <input type="checkbox"/> Other person(s) only
Name(s):	Relationship(s):	Date(s) of birth:
2. Briefly describe the type of public accommodation you are filing against (e.g. restaurant, store, theatre, bank, medical office, insurance company, etc.):		
3. You are filing a complaint against:		
Name		
Street Address/ PO Box		
City	State	Zip Code
Telephone Number: () -		
In what <i>county or borough</i> did the violation take place?		
Individual people who discriminated against you:		
Name: _____	Title: _____	
Name: _____	Title: _____	
If you need more space, please list them on a separate piece of paper.		
4. Date of alleged discrimination (must be within one year of filing):		
The most recent act of discrimination happened on: _____ _____ _____ <div style="display: flex; justify-content: space-around; width: 100%;"> month day year </div>		

5. Basis of alleged discrimination:

Check **ONLY** the boxes that you believe were the reasons for discrimination, and fill in specifics only for those reasons. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.

<input type="checkbox"/> Creed/Religion: Please specify: _____	<input type="checkbox"/> National Origin: Please specify: _____
<input type="checkbox"/> Disability: Please specify: _____	<input type="checkbox"/> Race/Color or Ethnicity: Please specify: _____
<input type="checkbox"/> Gender Identity or Expression, including the Status of Being Transgender	<input type="checkbox"/> Sex: Please specify: _____
<input type="checkbox"/> Age Please specify: _____	<input type="checkbox"/> Sexual Orientation: Please specify: _____
<input type="checkbox"/> Reproductive Health Action Please specify: _____	<input type="checkbox"/> Protective Hairstyle Please specify: _____

Use of Guide Dog, Hearing Dog, or Service Dog, or a Service Animal meeting the ADA definition

If you believe you were treated differently because you filed or helped someone file a discrimination complaint, acted as a witness to a discrimination complaint, or reported unlawful discrimination, check below:

Retaliation: How you opposed discrimination:

If you believe you were discriminated against because of your relationship or association with a member or members of a protected category listed above, indicate the relevant category above, and check below.

Relationship or association

6. Acts of alleged discrimination: *What did the person/company you are complaining against do? Check all that apply*

<input type="checkbox"/> Denied access to public accommodation	<input type="checkbox"/> Discriminatory advertisement, communication, or notice
<input type="checkbox"/> Denied equal advantages, facilities and privileges of public accommodation	<input type="checkbox"/> Denied access to a public program or service
<input type="checkbox"/> Denied reasonable accommodation for disability	<input type="checkbox"/> Harassed/intimidated (other than sexual harassment) on any basis indicated above
<input type="checkbox"/> Denied reasonable accommodation regarding the use of a service animal (dog or miniature horse) in violation of federal standards under the Americans with Disabilities Act	<input type="checkbox"/> Discriminated against because of use of a professionally trained guide, hearing or service dog
<input type="checkbox"/> Other: _____	

Additional Information, Page 1: *This page is for the City of Austin's records and will not be sent to the company or person(s) whom you are filing against.*

1. Contact information

My primary telephone number:

My secondary telephone number:

My date of birth:

(Required) My email address:

The office uses email, whenever possible, to communicate with the parties to complaints. This avoids delays and lost mail, and increases the efficiency of case processing. Therefore, you are required to provide an email address, if you have one, and to keep us advised of any change of your email address. The office will not use your email address for any non-case related matters.

Contact person *(Someone who does not live with you but will know how to contact you if we cannot reach you)*

Contact person's name:

Contact person's telephone number:

Contact person's address

Contact person's email address:

Contact person's relationship to me:

2. Special needs: I am in need of:

- Interpretation (if so what language?): _____
- Accommodations for a disability: _____
- Translation for written for communication (What language?):

3. Settlement / Conciliation: To settle this complaint, I would accept: *(Explain what you want to happen as a result of this complaint. Do you want a letter of apology, an end to the harassment, compensation, etc.?)*

4. Witnesses (information about witnesses may be shared with the parties as necessary for the investigation) The following people saw or heard the discrimination and can act as witnesses:

Name: _____

Title: _____

Telephone Number: () _____ - _____

Relationship to me: _____

What did this person witness?

Name: _____

Title: _____

Telephone Number: () _____ - _____

Relationship to me: _____

What did this person witness?

