



Oklahoma City Human Rights Commission

Complaint Intake Form | Employment

05/2023

The Oklahoma City Human Rights Ordinance prohibits discrimination in employment, housing and public accommodations* and provides a conciliation** or mediation remedy for those involved in a discrimination complaint.

If you believe you have been aggrieved by a discriminatory act or practice related to **employment** in Oklahoma City, you may complete this Complaint Intake form to start the complaint process.

If your complaint is related to **housing** or **public accommodation**, complete the appropriate form found on the Oklahoma City Human Rights Commission website: okc.gov/hrc.

Please note, discrimination complaints must be submitted to the Oklahoma City Human Rights Commission **within 90 days** of the alleged discriminatory act or practice.

After receiving the Complaint Intake form, the Compliance Officer for the Oklahoma City Human Rights Commission will contact you (**typically within 10 business days**) for more information to determine whether the Commission has jurisdiction over your complaint of discrimination.

The Compliance Officer may give you additional information explaining how to file a Sworn complaint to initiate a formal conciliation or mediation proceeding with the Human Rights Commission. Or, the Compliance Officer might refer you to another agency that specializes in handling your specific complaint of discrimination.

Find out more about laws that prohibit discrimination by referring to the State statutes and municipal ordinance by visiting okc.gov/hrc.

*** Place of Public Accommodation:** Any place of business offering services or facilities to the general public, such as hotels, motels, cafeterias, restaurants, swimming pools, skating rinks, bowling alleys, retail stores, amusement parks, theaters, and public transportation services or facilities.

**** "Conciliate" or "Conciliation"** as used in the OKC Human Rights Commission Ordinance: To seek to mediate and resolve such a complaint by agreement between or among all involved parties.

Personal Information			
Name (first, middle, last)		Primary Language	
Address/City/State/Zip			
Phone	Email		
Preferred Contact Method	<input type="radio"/> phone <input type="radio"/> email	Best Time to Reach You (mark all that apply)	<input type="radio"/> 8-11 a.m. <input type="radio"/> 11 a.m.-2 p.m. <input type="radio"/> 2-5 p.m.

Other Party Information (complete to the best of your ability)			
Business Name			
Employee/Representative Name(s)			
Address/City/State/Zip			
Phone	Email		

Pertaining to this complaint, I am a/an:			
<input type="radio"/> Job Applicant	<input type="radio"/> Independent Contractor	<input type="radio"/> Other:	
<input type="radio"/> Employee		<input type="radio"/> Former Employee	
Hire Date:		Hire Date:	Last Day of Employment:
Job Title:		Job Title:	

continued on next page

Why do you believe you are being discriminated against?

<input type="radio"/> Age	<input type="radio"/> Sex	<input type="radio"/> Creed	<input type="radio"/> Other:
<input type="radio"/> Disability / Medical Condition	<input type="radio"/> Sexual Orientation	<input type="radio"/> National Origin	
<input type="radio"/> Race	<input type="radio"/> Gender Identity	<input type="radio"/> Ancestry	
<input type="radio"/> Color	<input type="radio"/> Religion	<input type="radio"/> Retaliation for making a charge, testifying or assisting in an investigation or proceedings	

What stage of employment did the alleged discrimination occur?

<input type="radio"/> Interview	<input type="radio"/> Hiring	<input type="radio"/> Firing	<input type="radio"/> Promotion / Transfer	<input type="radio"/> Compensation	<input type="radio"/> Normal Work	<input type="radio"/> Layoffs	<input type="radio"/> Other:
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What action (s) were taken against you?

<input type="radio"/> Refused to hire	<input type="radio"/> Discharged	<input type="radio"/> Compensation	<input type="radio"/> Denied opportunity to apply for job	<input type="radio"/> Retaliation for making a charge, testifying or assisting in an investigation or proceedings
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Is the alleged discrimination ongoing?

Yes No

Have you consulted a lawyer?

Yes No

If YES:

1. List the start date and date of the most recent incident.
2. Where did the most recent incident occur?

Start Date	
Most Recent	
Where	

If NO, when and where did the alleged discrimination occur?

Date	
Where	

Have you filed a complaint about this with another agency / department?

Yes No

If YES, list agency / department name and date complaint was filed.

Name	
Date	

Describe the issue(s) or problem(s) specifically:

Describe the issue(s) or problem(s) specifically continued

For more space, attach an additional paper.

I confirm this information is true and correct to the best of my ability. I understand this is a Complaint Intake form, and I will be required to sign a Sworn Complaint to move the complaint forward.

If complainant is a minor or subject to a guardianship, form must be signed by a parent or legal guardian.

Name (print): _____

Signature: _____

Relationship: _____

Date: _____

Mail or hand deliver form to:
Office of the City Clerk
Attn: Human Rights Commission
200 N Walker Ave. OKC, OK 73102

Submit form electronically:
okc.gov/hrc