



Discrimination Complaint Form

The Non-Discrimination Ordinance (NDO) applies to conduct **occurring within the City of limits of the City of San Antonio**. There are 4 steps to complete the form:

- Step 1: Complainant's Information
- Step 2: Complaint Against
- Step 3: Complaint Details
- Step 4: Other Reports or Discussions about this Complaint
- Step 5: Submit the Complaint

Important Notes:

- The Office of Equity will maintain the confidentiality of your name and discrimination complaint to the best of their ability; however, the City cannot guarantee the information will remain confidential. The Texas Public Information Act allows the public release of any information held by the City of San Antonio. Your name and discrimination complaint may be made public if the City of San Antonio receives a request for the information.
- The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints will be made available upon request.
- The red asterisk (*) means that the field is required in order to submit the form.

Complainant's Information (Step 1 of 4)

Complainant's Name*: _____

Phone Number*: _____

Street Address*: _____

City and State*: _____

Zip Code*: _____

E-mail: _____

Additional Contact Information (optional)

Name of Person who Knows Where, and How to Contact You:

Phone Number: _____

Street Address: _____

Complaint Against (Step 2 of 4)

Name of Person or Business*: _____

Title, if Known: _____

Contact Person, if Other than Above: _____

Phone Number: _____

Street Address Where Incident Took Place*: _____

Note: The Non-Discrimination Ordinance (NDO) applies to conduct occurring within the City limits of the City of San Antonio.

Complaint Details (Step 3 of 4)

Basis for Complaint, Check All that Apply (you must select at least one)*:

- Age
- Color
- Disability
- Family Status
- Gender Identity
- National Origin
- Race
- Religion
- Sex
- Sexual Orientation
- Veteran Status

Date of Incident (MM/DD/YYYY): _____

Have you discussed the complaint with any City representative? Yes No

If yes, please provide the following information:

Name of City representative: _____

Position of City representative: _____

Have you filed a Police Report? Yes No

If yes, please provide the Case Number: _____

Confirmation

I swear or affirm that all of the information contained in the complaint is true to the best of my knowledge and information.

Signature of Complainant

Date

Please submit this form in-person or by mail to:

City Clerk's Office
114 West Commerce
San Antonio, Texas 78205

Note: In-person drop off hours are 7:45am-4:30pm, Monday-Friday