

CITY OF WINSTON-SALEM

Human Relations/Diversity, Equity, and Inclusion Department
Public Accommodations/Employment Discrimination Complaint Form

Revised January 2022



The Complainant named below charges the Respondent named below with a violation of the Winston-Salem Nondiscrimination Ordinances (Chapter 38, Articles V-VI, of the Code of the City of Winston-Salem).

Name of Aggrieved Person (Complainant): _____

Complainant Phone Number: _____

Complainant Email Address: _____

Complainant Mailing Address: _____

Emergency Contact for Complainant: _____

Respondent Name: _____

Respondent Phone Number: _____

Respondent Email Address: _____

Respondent Mailing Address: _____

Is the Respondent:

- | | | |
|---|--|--|
| <input type="checkbox"/> Complainant's Employer | <input type="checkbox"/> Retail Store | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Super Market | _____ |
| <input type="checkbox"/> Movie Theater | <input type="checkbox"/> Local Government Entity | _____ |

Name and identify others (if any) you believe violated the NDO in this case: _____

What did the Respondent do (check all that apply)?

- Discriminated in employment based on one or more NDO protected classes
- Discriminated in the terms and/or conditions of Complainant's employment
- Falsely denied employment was available
- Advertised in a discriminatory way
- Intimidated, interfered, or coerced to keep Complainant from enjoying the full benefit of employment or a place of public accommodation
- Denied access to a place of public accommodation based on one or more NDO protected classes
- Other (please specify): _____

Basis for complaint (check all that apply):

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Creed | <input type="checkbox"/> Protected hairstyles | <input type="checkbox"/> Marital status |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sex | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Familial status |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Disability | <input type="checkbox"/> Political affiliation |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Gender identity or gender expression | <input type="checkbox"/> Age | |
| <input type="checkbox"/> Ethnicity | | <input type="checkbox"/> Veteran status | |

What kind of business was involved?

- Publicly operated business Complainant's employer Other (please specify): _____
entity

Address of the subject property: _____

Summary of allegations: _____

When did the alleged acts occur? If more than one act occurred, include the date of the most recent act. _____

I swear or affirm that I have read this complaint (including any attachments) and that it is true to the best of my knowledge, information, or belief.

Signature of Complainant

Date

For use by the Human Relations/Diversity, Equity, and Inclusion Department only:

Case number: _____

Employment

Date complaint received: _____

Public Accommodations

Referred by: _____