

**City of Austin
Office of Civil Rights**

505 Barton Springs Road, Suite 515, Austin, TX 78704
Mailing Address: P.O. Box 1088, Austin, TX 78767



Complaint Number _____

Date Received _____

**CITY OF AUSTIN MUNICIPAL CODE OF ORDINANCE
CHAPTER 5-2
PUBLIC ACCOMMODATION
TITLE III AMERICAN WITH DISABILITIES ACT (ADA)
COMPLAINT FORM**

Under this Ordinance, a person, including the owner, operator, or lessee of a public accommodation may not directly or indirectly exclude, segregate, limit, refuse or deny a person the accommodations, advantages, facilities, benefits, privileges, services, or goods of the public accommodation based on race, color, religion, sex, sexual orientation, gender identity, national origin, age, protective hairstyle, or disability.

Examples of PUBLIC ACCOMMODATION include hotels, restaurants, theaters, entertainment centers, bars, and retail stores. This does not include government agencies or places that require membership to access, such as private clubs.

The information provided on this form is confidential to the extent permitted by applicable laws.

SECTION I: COMPLAINANT INFORMATION

Last Name	First Name	Middle Initial
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Mailing Address	City	State	Zip
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Primary Phone	Email
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SECTION II: RESPONDENT INFORMATION

Describe the type of public accommodation you are filing against.
(e.g. restaurant, store, theatre, bank, medical office, insurance company, etc.)

Name of Business

Physical Address	City	State	Zip
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Owner Name	Phone or Email	Manager Name	Phone or Email
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SECTION III: REASON FOR DISCRIMINATION. The reason you believe the business discriminated against you.

- Race
 Color
 Disability
 Religion
 National Origin
 Age
 Sex
 Sexual Orientation
 Protective Hairstyle

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SECTION IV. ACTS OF ALLEGED DISCRIMINATION. Mark all those that apply.

- Denied access to public accommodation
- Discriminatory advertisement, communication, or notice
- Denied equal advantages, facilities and privileges of public accommodation
- Denied access to a public program or service
- Denied reasonable accommodation for disability
- Harassed/intimidated (other than sexual harassment) on any basis indicated above
- Other. Please describe.

SECTION V: INCIDENT INFORMATION

Particular Details

Describe the details, date(s), and the request(s) you made of the business.

Persons Involved

Provide the names and titles of individuals directly involved or have knowledge of the incidents.

Complaints

Were complaints expressed to the Owner or Management? Yes No
If so, what response was received?

SECTION VI: SIGNATURE REQUIRED

I swear or affirm that I have read the above charge and that it is true to the best my knowledge, information and belief.

Signature _____

Print Name _____ **Date** _____