

**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 4-14 ARTICLE 3
TENANT'S RIGHT TO ORGANIZE
COMPLAINT FORM**

Under this Ordinance, a tenant may establish and participate in a tenant organization without landlord interference with the activities under this Chapter. A TENANT means a person, or a member of their household, who is authorized to use or occupy a dwelling to the exclusion of others. A TENANT ORGANIZER means a person who works or volunteers for a non-profit organization that assists tenants in establishing and operating a tenant organization; and is not an employee or representative of the current or prospective owner, the current or prospective manager, or an agent of such persons.

A landlord is prohibited in interfering or obstructing:

- (1) the tenant from the use of the premises for tenant organizing activities defined in [Section 4-14-124 \(Right Established\)](#)
- (2) services or decreases services to the tenant except as provided for in Subsection (C) of the Chapter.
- (3) a tenant initiating contact with other tenants at the premises related to tenant organizing;
- (4) a tenant from posting information related to tenant organizing on a bulletin board that is available at the premises for use by tenants generally;
- (5) a tenant from distributing information related to tenant organizing to other tenants at the premises;
- (6) a tenant from meeting or attempting to meet with tenants, non-tenants, or organizations at the premises; or
- (7) a tenant from inviting tenant organizers to assist with organizing.

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
Mailing Address	City	State Zip
Primary Phone	Email	

SECTION II: RESPONDENT INFORMATION

Name	<input type="checkbox"/> PROPERTY	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> EMPLOYER	<input type="checkbox"/> CITY CONTRACTOR
Mailing Address	City	State	Zip	
Owner Name	Phone or Email	Manager Name	Phone or Email	

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SECTION III: REASON FOR DISCRIMINATION. Mark the reason you believe the discrimination occurred.

- Race Color Disability Religion National Origin Age Sex Sexual Orientation
 Marital Status Source of Income (Veterans) Protective Hairstyle

SECTION IV: INCIDENT INFORMATION

Date(s) of Incident(s) or Request(s)

Location of Incident(s)

Persons Involved

Provide the names and titles of individuals directly involved in the incidents.

Particular Details

Describe the details of the incident(s) or request(s).

Complaints

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

Witnesses

Provide the names and contact information of people who can corroborate your statements.

SECTION VII SIGNATURE REQUIRED

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

Signature _____

Print Name _____ **Date** _____