



CITY OF PROVIDENCE
MAYOR BRETT P. SMILEY

DEPARTMENT OF PEOPLE & CULTURE
Human Resources | Diversity, Equity, Inclusion & Belonging

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CITY OF PROVIDENCE
DISCRIMINATION COMPLAINT FORM

Date: _____

SECTION I. COMPLAINANT INFORMATION *

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: (____) _____ Email: _____

SECTION II. COMPLAINT DETAILS

1. Name and position of the staff(s), or the program, activity, or service against whom the complaint is filed:

2. Please indicate below the base(s) on which you believe these discriminatory actions were taken.

Race: _____

Color: _____

National Origin: _____

Age: _____

Sex: _____

Disability: _____

Other: _____

3. To the best of your recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____

Most recent date of discrimination: _____

4. Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary.)

5. If you believe that you have been retaliated against for complaining about discrimination or cooperating in an investigation of alleged discrimination, please explain the circumstances and what actions you took which you believe were the basis for the alleged retaliation.

6. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom the City may contact for additional information to support or clarify your complaint.

7. Please provide any other information that you think is relevant to your discrimination complaint.

8. What remedy are you seeking for the alleged discrimination?

By my signature below, I acknowledge that the information is true and correct to the best of my knowledge.

Printed Name

Signature

Date

To mail a printed copy of this form:
City of Providence, Solicitor's Office
444 Westminster Street, Suite 220
Providence, RI 02903

To send electronically: LFelix@providenceri.gov

If you have any questions or to request an alternative format:
Leonela Felix
Assistant City Solicitor
Phone: 401-680-5333 (TTY: 711)
Email: Lfelix@providenceri.gov