



City of Laramie
City Manager's Office
P.O. Box C
Laramie, WY 82073

307-721-5226

COMPLAINT FORM
Illegal Discrimination

1. Claimant Information

a. Name: _____

b. Claimant Mailing Address: _____

c. Claimant Physical Address: _____

d. Phone Number: _____

e. E-mail Address: _____

2. Date the alleged unlawful employment, housing, or public accommodation practice occurred;

3. Statement of the facts upon which the allegation of an unlawful employment, housing, or public accommodation practice occurred;

Supporting and/or additional information may be included as an attachment.

4. Name of the alleged violator, or facts sufficient to identify such person ("Respondent");

Supporting and/or additional information may be included as an attachment.

5. Has a complaint concerning this same matter been filed with another agency? If yes, what is the disposition of said complaint?

Supporting and/or additional information may be included as an attachment.

NOTICE TO COMPLAINANT

In connection with any investigation of a complaint filed under this chapter, the Investigator shall seek the voluntary cooperation of any person to:

- Obtain access to premises, records, documents, individuals, and any other possible source of information;
- Examine, record and copy necessary materials; and
- Take and record testimony or statements of any person reasonably necessary for the furtherance of the investigation.

The Investigator may in coordination with the City Attorney issue subpoenas to compel the attendance of witnesses or the production of relevant materials or documents.

The Investigator may dismiss a complaint during the investigation and prior to referral to the City Attorney if the Investigator determines that:

- The complaint was not filed within the required time period;
- The location of the alleged unlawful employment practice or unlawful housing practice is not within the City's jurisdiction;
- The alleged unlawful unemployment practice or alleged unlawful housing practice is not a violation of the Laramie Municipal Code;
- The Complainant refuses to cooperate with the Investigator in the investigation of the complaint or enforcement of an executed conciliation agreement;
- The Complainant cannot be located; or
- A conciliation agreement is executed by the Complainant and Respondent.

During or after the investigation the Investigator shall, if the Respondent appears to have committed an unlawful employment practice, unlawful housing practice or unlawful public accommodation practice, attempt to conciliate the complaint. In conciliating a complaint, the Investigator shall try to achieve a just resolution and obtain assurances that the Respondent will satisfactorily remedy any violation of the Complainant's rights and take action to ensure the elimination of either present and future unlawful employment practices, unlawful housing practices or unlawful public accommodation practices. A conciliation agreement may include:

- Sensitivity training for Respondent and/or Respondent's employees;
- The Respondent's agreement to adopt and pursue a policy of non-discrimination in employment practices, housing practices or public accommodation practices; and the Respondent's agreement to not engage in discriminatory practices in the future.

Through due process in enforcing the City of Laramie Municipal Code, the City may exercise its powers to the fullest extent allowed by the statutes of the State of Wyoming to prohibit and regulate Discrimination. The City may exercise its power to the fullest extent allowed by the Constitution of the State of Wyoming to prohibit and regulate Discrimination.

This Complaint Form is provided for the information and convenience of the claimant. The claimant is wholly responsible for completing this Complaint Form properly and accurately. Neither the government entity providing this claim form, nor its agents or assignees, make any representations as to the legal sufficiency or the accuracy of the information provided in this Complaint Form. Incomplete Complaint Forms will not be accepted and claimant notified.

All personal information provided herein shall be utilized only for purposes of processing this claim and in accordance with all Wyoming and local laws.

I, _____ certify under penalty of perjury that the foregoing claim form and any attachment(s) are true and accurate.

Claimant Signature: _____ Date: _____

STATE OF WYOMING)
)SS
 COUNTY OF)

Subscribed and sworn to before me, a Notary Public, this ____ day of _____, 20____.

Notary Public (Signature): _____

My Commission Expires: _____