



## DISCRIMINATION COMPLAINT PROCESS AND FORM

[Upon request, this Discrimination Complaint Form can be available in Spanish and alternative formats. A petición, este forma de discriminación podrian está disponible en forma alternativos y españolas.]

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- The City of Las Cruces ("City") does not tolerate unlawful discrimination. This represents the City's universal discrimination complaint form and discrimination complaint resolution process.
- The form and process apply to unlawful discrimination complaints and resolution requirements, as might pertain to City contracts, employment, programs, services and public accommodation.
- The City's form and process are designed to comply with applicable City Ordinances and federal and state legislation, including but not limited to, the New Mexico Human Rights Act of 1969, Titles VI and VII of the Civil Rights Act, of 1964, the 1990 Americans with Disabilities Act, The Vietnam Era Veteran's Readjustment Act, of 1974, the 1994 Uniformed Services Employment and Reemployment Rights Act, the Age Discrimination in Employment Act of 1967, as amended, the Equal Pay Act, of 1963, as amended, the 2008 Genetic Information Nondiscrimination Act and E. O. 11246.
  - Within thirty (30) business days of becoming aware of any alleged unlawful discriminatory action, event, circumstance, condition or term, the complainant may file a discrimination complaint with the City of Las Cruces EEO/ADA Coordinator. Federal nondiscrimination laws allow 180 to 300 days, to file formal discrimination complaints with federal agencies.
  - Within five (5) business days, an investigation will begin.
  - Within forty-five (45) business days, the EEO/ADA Coordinator shall forward a written report to the City Attorney.
  - The City Attorney, or designee, has fourteen (14) business days to issue a determination.
  - Within five (5) business days, the City Manager, or his/her designee, shall review the determination and or report and forward the determination to the appropriate Department Director for action.
  - Timelines may be extended with the concurrence of the City Attorney.
- The City EEO/ADA Coordinator, or his/her designee, shall notify the complainant of the report and or determination and may inform the U.S. Equal Employment Opportunity Commission, the New Mexico Department of Workforce Solutions, Human Rights Division, the Department of Labor, the Department of Justice, the Federal Transportation Administration, and or other appropriate state and federal authorities. *At anytime, individuals may file a complaint with those federal agencies.*
- The City is proud to serve you. If you believe you have experienced unlawful discrimination in City employment, from City contractors, or when accessing City programs and services, or from non-City private business in public accommodation, operating for the purchase of services and commodities, then a formal (written) complaint may be addressed to the following:  
EEO/ADA Coordinator  
City of Las Cruces  
P. O. Box 20000  
700 North Main Street, Suite 2200 Las  
Cruces, New Mexico, 88004  
Phone: (575) 528-3227; Fax: (575) 528-3020

COMPLAINANT'S NAME (please print): \_\_\_\_\_

COMPLAINANT'S E-MAIL ADDRESS: \_\_\_\_\_

PHYSICAL MAILING ADDRESS: (street or box no.): \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

PHONE: Work: \_\_\_\_\_ Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

**Unless otherwise directed, all written correspondence may be sent to the above email or mailing address.**

NOTE: *IT IS YOUR RESPONSIBILITY TO PROVIDE INFORMATION WHICH SUPPORTS THE ALLEGATIONS OF YOUR DISCRIMINATION COMPLAINT. PLEASE ANSWER THE FOLLOWING:*

**1. WHERE: Identify the nature of the discrimination and where it occurred (Please check one):**

- Public Employment/Contract Services.** City or Contractor offering services & employment opportunities.
- Public Accommodation.** Private business establishment licensed for purchase of services or commodities.
- Public Transportation/ City Programs and Services.** Transit and or other City programs and services.

**Actual Location of Discriminatory Event:** \_\_\_\_\_

**2. WHY ("basis"): Indicate the type of unlawful discrimination you experienced (Select all that apply).**

- sex/gender bias
- sexual harassment
- sex/equal pay
- sex/identity/orientation
- sex/pregnancy
- race
- color
- national origin
- disability/illness
- genetic information
- age (over 40)
- Veteran status
- citizenship
- retaliation (for filing a claim of discrimination, participating in an investigation or for opposing discrimination)

**3. WHEN: Identify the most recent date of the discrimination: \_\_\_\_\_**

**4. WHO: Identify the business, agency, person(s), you believe discriminated against you.**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

- City Department or Agency:** (Regarding Employment/Accommodation/Programs/Services/Activities/Facilities).
- Private Owned City Business for Purchase of Services or Commodities:** (Regarding Public Accommodation).
- City Contractor:** (Regarding Employment/ Accommodation/Services).

**5. WHAT: ("issues"): List/describe the discriminatory event(s). If needed, attach additional paper.**

Event	Date	Describe the alleged discriminatory event (what happened)	
1			
2			
3			
4			

**6. THEORY: Describe the nature of your discriminatory treatment, as compared with others.**

Event	Date	Describe the nature of the discriminatory treatment	
1			
2			
3			
4			

**7. EVIDENCE:** This includes written materials and information such as but not limited to documents, memorandums, texts, electronic or hard files, audio video recordings, journals, etc. related to and supporting your complaint of alleged unlawful discrimination. It also includes names and titles of witnesses and what testimony each witness may provide. Feel free to attach additional paper or evidence in support of complaint.

Documents. Identify/provide documentary evidence or records, etc., which supports your complaint.

Description of Documents	State how the Document Supports your Complaint
1	
2	
3	
4	

Witnesses. Identify names of witnesses and what supportive information each might provide.

Witness and contact information	State how the witness supports your complaint
1	
2	
3	
4	

**8. RESOLUTION REQUESTED:** Identify what you are seeking to resolve your complaint. Explain.

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**9. Have you first attempted to informally resolve your discrimination complaint with the discriminating party? If so, please, explain your informal efforts and the outcome.**

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**10. Have you filed a complaint about this concern with any other federal, state, or local agency; or with any federal, state, or local court?**       Yes     No    If "Yes", where did you file your complaint?

Name of Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Disposition \_\_\_\_\_

**11. MEDIATION.** Are you willing to mediate your complaint?     Yes       No

**12. VERIFICATION.** By my signature below, I affirm the above information provided for this complaint is true and correct to the best of my knowledge and belief. I am also aware this complaint does not affect other state or federal rights.

Return your completed and signed form to the EEO/ADA Coordinator, City of La Cruces, P. O. Box 20000, 700 North Main St., Suite 2200, Las Cruces, NM 88004.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon request, this form can be available in alternative format. Contact 575-528-3227 voice or TTY 575-528-3169