



City of Casa Grande

**CIVIL RIGHTS COMPLAINT
CITY ATTORNEY'S OFFICE**

510 East Florence Blvd, Casa Grande, AZ 85122

Name of Complainant: _____

Mailing Address of Complainant: _____

Telephone number(s) of Complainant: _____

Name of Individual against whom the complaint is made: _____

Basis of the Alleged Discrimination (check all that apply):

- ☐ Race ☐ Age ☐ Religion ☐ Natural Origin ☐ Political Beliefs
☐ Color ☐ Sex ☐ Disability ☐ Limited English Proficiency
☐ Status with respect to Marriage or Public Assistance

List the names of all parties involved, including witnesses:

_____	_____
_____	_____
_____	_____
_____	_____

Location where the alleged discrimination occurred: _____

Date or time period when the alleged discrimination occurred: _____

In the space below, please write a detailed description of the conduct or action that you are reporting:

What is the remedy that you are requesting?

Signature of Complainant _____ **Date** _____

Submit to: *Casa Grande City Attorney's Office*
 510 East Florence Blvd, Casa Grande, AZ 85122

Questions? *Please call 520-421-8600 and ask to speak with the City Attorney's Office*