

**CITY OF ALBUQUERQUE  
OFFICE OF CIVIL RIGHTS  
COMPLAINT PACKET**

**How to Use This Packet:**

This packet of materials is to provide you with the information necessary to submit a complaint to the City of Albuquerque Office of Civil Rights (OCR). Please review all of the materials before completing the included form. If you have any questions about the form or information in this packet, you may contact OCR by phone at (505) 768-4595 or by email to [civilrights@cabq.gov](mailto:civilrights@cabq.gov).

**Jurisdiction:**

The Albuquerque Human Rights Ordinance (HRO) is the city ordinance addressing civil rights discrimination within Albuquerque city limits. Under the HRO, it is unlawful for someone to discriminate against another in public accommodations, housing accommodations, and employment, based on a protected class.

The HRO recognizes the following protected classes:

- Race, including race related hairstyles
- The use of cultural headdress
- Color
- Religion
- Sex
- National origin or ancestry
- Age (in employment only)
- Mental handicap (in employment agency context only)
- Physical handicap
- Source of income or the requirements of any program providing the source of income

OCR also has jurisdiction for the Albuquerque Closed Captioning Ordinance, which requires any person owning or managing a place of public accommodation to make closed-captioning services available on their television receivers unless excepted by Ordinance (see ROA 1994 §13-8-1-1 et seq.).

In order for OCR to have jurisdiction over a claim, the concern must have occurred within Albuquerque city limits in the last 90 days and alleges discrimination based on a protected status as recognized by the Albuquerque Human Rights Ordinance. Additionally, OCR cannot address complaints based on the same information that has been filed with other agencies such as the U.S. Department of Housing and Urban Development (HUD), U.S. Equal Employment Opportunity Commission (EEOC), U.S. Department of Justice (DOJ), or New Mexico Human Rights Bureau (NMHRB).

If, upon review of a complaint, OCR determines that the available information shows that the matter is not within OCR's scope, the complaint will be dismissed. OCR may exercise discretion in accepting claims that have substantially similar facts, or arising from the same facts, that are pending before a court.

More information on jurisdiction can be found in the Grievance Procedure section of this packet.

**Definitions:**

**Complainant:** A person who files an OCR claim or complaint of discrimination against a respondent.

**Cultural Headdress:** Includes, but is not limited to, burkas, hijabs, head wraps, head scarves, or other headdresses used as part of an individual's personal cultural or religious beliefs.

**Employee:** Any person in the employ of an employer.

**Employer:** Any person employing one or more persons acting for an employer.

**Employment Agency:** Any person regularly undertaking with or without compensation to procure opportunities to work or to procure, recruit, or refer employees.

**Housing Accommodation:** Any building or portion of a building which is constructed or to be constructed, which is used or intended for use as the residence or sleeping place of any individual.

**Human Rights Board:** The entity tasked with carrying out the directives set forth in the City of Albuquerque Human Rights Ordinance (HRO). The HRB comprises of seven volunteer members recommended by the mayor's office and appointed by the city council.

**Labor Organization:** Any organization which exists for the purpose in whole or in part of collective bargaining or of dealing with employers concerning grievances, terms or conditions of employment or of other mutual aid or protection in connection with employment.

**Mediation:** A process wherein parties meet with an impartial and neutral person who assists them in the negotiation of their differences.

**Party or Parties:** The complainant and respondent as well as any representatives they may have.

**Physically Handicapped:** Any person who, because of accident, illness, congenital condition or other condition of health, experiences any impairment in sight, hearing, touch, taste, smell, motor skills or appearance.

**Prima Facie:** For purposes of OCR and its grievance procedure, prima facie is a phrase used to mean that the information provided, on first impression, is enough to establish facts or a basis of discrimination, unless said facts are disproved or rebutted.

**Probable Cause:** Probable cause is determined when there are facts and circumstances sufficient to support a reasonable belief in the truth of the claim. In the OCR process, the Human Rights Board determines whether there is probable cause for discrimination.

**Public Accommodation:** Any establishment that provides or offers its services, facilities, accommodations or goods to the public, but does not include a bona fide private club or other place or establishment which is by its nature and use distinctly private.

**Race:** Includes, but is not limited to, traits historically and commonly associated with race or ethnicity, including hair types, hair texture, volume of hair, length of hair, protective hairstyles, or cultural headdresses.

**Race Related Hairstyle:** Includes, but is not limited to, those hairstyles necessitated by, or resulting from, the characteristics of a hair texture associated with race, such as braids, locs, afros, tight coils or curls, bantu knots, and twists.

**Respondent:** The party named in a complaint alleged to have discriminated against the complainant.

**Source of Income:** Any lawful and verifiable source of money and program requirements of such funding, paid directly to or on behalf of a renter or buyer of housing, including, but not limited to: income from a lawful profession, occupation, or job; income derived from social security or any form of federal, state, or local public assistance or housing assistance, including a housing choice voucher issued pursuant to Section 8 of the United States Housing Act of 1937, or any other form of housing assistance payment or credit, whether or not such income or credit is paid or attributed directly to a landlord and even if such income includes additional federal, state, or local requirements including but not limited to required inspections and contracting with the agency administering the public assistance program; or a pension, annuity, alimony, child support, foster care subsidies, or any other recurring, lawful, and verifiable monetary consideration or benefit.

### **Role of OCR:**

The Office of Civil Rights (OCR) works on behalf of the City of Albuquerque and the Human Rights Board, to receive and address claims of discrimination alleged to be in violation of the Albuquerque Human Rights Ordinance (HRO). The below grievance procedure describes how OCR addresses claims.

OCR does not determine if there is probable cause to believe discrimination in violation of the HRO occurred. Rather, OCR presents information collected in investigations for the Human Rights Board so that it may vote on if probable cause occurred.

### **Grievance Procedure:**

Complaints can be made by submitting this form via email, online submission, in-person drop off, or mail. At a minimum, the complainant should provide contact information, the date of the incident(s), and a description of the concern.

After the OCR receives this form, it will review the information to ensure OCR has jurisdiction over the matter. If OCR does not have jurisdiction, it will refer the individual to alternative offices or resources that can help to resolve the issue.

Based on the complaint packet, OCR will review the information to ensure OCR has the authority to address the matter.

Next, OCR will send the respondent the complaint packet, which includes a cover letter notifying the respondent that OCR received a discrimination complaint, a copy of the filed complaint, an invitation for pre-investigation resolution, and a copy of the HRO or Closed Captioning Ordinance sections alleged to be violated. The invitation for pre-investigation resolution will also include an option for the respondent to request an investigation of the matter. OCR requests that the pre-investigation resolution form be returned within ten (10) business days. If the form is not received within ten business days, OCR may continue with an investigation of the matter.

If the pre-investigation resolution was unsuccessful, or if the respondent requests an investigation, OCR will serve as the impartial, fact-finding investigator. OCR will send the respondent a questionnaire to be returned within thirty (30) calendar days as the next step in the investigative process. The questionnaire will include questions, requests for documents, and/or other evidence relevant to the complaint.

Following the investigation, OCR will write a report for the Human Rights Board (HRB) to review. During an HRB meeting, the Board will discuss the matter and vote to determine if there is probable cause that discrimination occurred. OCR will inform the parties as to which meeting the HRB will discuss

their case. The complainant and respondent will have the opportunity to attend the HRB meeting and speak or provide written comments.

If the HRB finds probable cause, the complainant and respondent will have the opportunity to participate in conciliation. If conciliation is not successful, OCR may file in metropolitan court to enforce penalties against the respondent.

Upon case closure, OCR will send the parties a letter explaining actions taken and informing that the matter is closed.

Complainants and Respondents are allowed to have a support person attend OCR meetings with them. Support people cannot speak on behalf of the Complainant or Respondent but may ask questions of OCR staff. OCR and City staff reserve the right to request that a support person leave a meeting if said support person causes disruption, upon request of a party, or in the City staff's discretion.

[INTENTIONALLY LEFT BLANK]

**COMPLAINT OF DISCRIMINATION**

City of Albuquerque Office of Civil Rights  
City of Albuquerque Human Rights Board  
400 Marquette NW, Suite 4072  
Albuquerque, New Mexico 87102  
505-768-4595

**FOR INTERNAL USE ONLY**

Case #:  
Filing Date:

[Your name] \_\_\_\_\_, Complainant,  
v.  
[Person alleged to have discriminated] \_\_\_\_\_, Respondent.

**COMPLAINT**

(a) The full name and address of the Respondent is as follows:

\_\_\_\_\_  
[Name and address of person or business who is alleged to have discriminated against you.]  
\_\_\_\_\_  
\_\_\_\_\_

(b) The discrimination was in the area of:

- Housing
- Employment
- Public Accommodation

(c) I was discriminated against on the basis of:

- Age (Employment only)
- Color
- Cultural Headdress/ Race Related Hairstyle
- Mental Handicap (Employment agencies only)
- National Origin / Ancestry
- Physical Handicap
- Race/Ethnicity
- Religion
- Sex
- Source of Income (Housing only)
- Closed-captioning services

(d) When did the discrimination occur? (If several dates are involved, please list the most recent date)

\_\_\_\_\_  
[The date of the last incident or ongoing if alleged discrimination is still occurring.]

(e) **DISCRIMINATION STATEMENT**

**The following is a brief and concise statement of the facts stated by the Complainant regarding the alleged violation.**

\_\_\_\_\_  
[Your name] \_\_\_\_\_ (herein Complainant), [Describe what protected class you belong to or what protected class Respondent is basing their actions on.]  
\_\_\_\_\_  
\_\_\_\_\_

Therefore, Complainant belongs to a class of persons whom the City of Albuquerque Human Rights Ordinance protects from unlawful discrimination. Complainant alleges that they were discriminated against on the basis of their \_\_\_\_\_ [state your protected class] by [company representative or n/a if an individual] (agent or representative) at [business name] \_\_\_\_\_ (herein Respondent), located at \_\_\_\_\_ [street address] \_\_\_\_\_, Albuquerque, NM [zip code] \_\_\_\_\_.

Complainant alleges Respondent has \_\_\_\_\_ [Describe the type of actions you allege Respondent has taken against you.] \_\_\_\_\_

Complainant further alleges Respondent [If there are more actions to describe, enter \_\_\_\_\_ them here. If not, enter "n/a."]

As such, Complainant believes that Respondent has made { housing,  employment,  public accommodations  closed-captioning} unavailable in a discriminatory manner.

I, \_\_\_\_\_ [your name] (Complainant), affirm under penalty of perjury under the laws of the State of New Mexico that I am the Complainant in the above-entitled cause. I further acknowledge that I know and understand that the contents contained in the above complaint are true to the best of my knowledge and belief. I have not filed a complaint with the same facts with a state or federal agency.

[date of complaint submission]

Date

[your signature]

Signature

[your name]

Name (*print*)

[your street address]

Address (*print*)

[your city, state, and zip code]

City, State, and Zip Code (*print*)

[your phone number]

Telephone Number

**COMPLAINT OF DISCRIMINATION**

City of Albuquerque Office of Civil Rights  
City of Albuquerque Human Rights Board  
400 Marquette NW, Suite 4072  
Albuquerque, New Mexico 87102  
505-768-4595

**FOR INTERNAL USE ONLY**

Case #:  
Filing Date:

\_\_\_\_\_, Complainant,  
v.  
\_\_\_\_\_, Respondent.

**COMPLAINT**

(a) The full name and address of the Respondent is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) The discrimination was in the area of:

- Housing
- Employment
- Public Accommodation

(e) I was discriminated against on the basis of:

- Age (Employment only)
- Color
- Cultural Headdress/ Race Related Hairstyle
- Mental Handicap (Employment agencies only)
- National Origin / Ancestry
- Physical Handicap
- Race/Ethnicity
- Religion
- Sex
- Source of Income (Housing only)
- Closed-captioning Services

(d) When did the discrimination occur? (If several dates are involved, please list the most recent date)

\_\_\_\_\_

(e) **DISCRIMINATION STATEMENT**

**The following is a brief and concise statement of the facts stated by the Complainant regarding the alleged violation.**

\_\_\_\_\_ (herein Complainant), \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Therefore, Complainant belongs to a class of persons whom the City of Albuquerque Human Rights Ordinance protects from unlawful discrimination. Complainant alleges that they were discriminated against on the basis of their \_\_\_\_\_ by \_\_\_\_\_ (agent or representative) at \_\_\_\_\_ (herein Respondent), located at \_\_\_\_\_, Albuquerque, NM \_\_\_\_\_.

Complainant alleges Respondent has \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant further alleges Respondent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ As such, Complainant believes that Respondent has made { housing,  employment,  public accommodations  closed-captioning services} unavailable in a discriminatory manner.

I, \_\_\_\_\_ (Complainant), affirm under penalty of perjury under the laws of the State of New Mexico that I am the Complainant in the above-entitled cause. I further acknowledge that I know and understand that the contents contained in the above complaint are true to the best of my knowledge and belief. I have not filed a complaint with the same facts with a state or federal agency.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (*print*)

\_\_\_\_\_  
Address (*print*)

\_\_\_\_\_  
City, State, and Zip Code (*print*)

\_\_\_\_\_  
Telephone Number



## Statement of Understanding

By signing below, I acknowledge the following statements:

I understand that the attorney representing the Office of Civil Rights (OCR) represents OCR only and does not represent my position or me as an individual. I understand that my communications with OCR, therefore, may not be protected by privilege, nor are they confidential.

I understand that OCR cannot provide legal advice to me.

I understand that there are circumstances in which OCR may determine that it cannot investigate a reported concern and that OCR continually assesses its jurisdiction over matters filed with the office.

I understand that if OCR investigates my complaint, the investigation may present findings that are inconsistent with my belief of the facts. I understand that if my case is investigated, OCR will keep me updated on its progress.

I understand that it is important to talk to an attorney if I have questions or concerns about the impact of these proceedings on my individual rights.

I understand that I am responsible for participating in settlement negotiations if necessary to resolve the matter.

I understand that I am responsible for keeping in touch with OCR and for responding to inquiries from OCR within 2 business days. I understand that my case may be closed if OCR is unable to reach me.

I understand I am in charge of handling my own case and I will make my own decisions about how I handle my case. I understand the benefits and risks of such an arrangement and give my complete and informed consent to the assistance of OCR.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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