

CITY OF ST. JOSEPH REQUEST FOR MEDIATION ASSISTANCE

To file a Request for Mediation Assistance under the City of St. Joseph's Non-Discrimination Ordinance, Requestors must fill out this form. The Non-Discrimination Ordinance is codified as Article IV, Sections 18-101 through 18-107, of the City of St. Joseph's Code of Ordinances and is available at the following address: <http://stjoemo.info/ArchiveCenter/ViewFile/Item/65>. Information about the Non-Discrimination Ordinance and the City's Human Rights Commission is available on the Human Rights Commission's website at the following address: <http://stjoemo.info/index.aspx?NID=669>. Questions about the Request for Mediation Assistance process can be emailed to HRC@stjoemo.org or directed to the City's Legal Department at (816) 271-4680.

All information submitted to the City on this form or by other method is public record and may be obtained by any member of the public upon request. Private or confidential information should not be submitted using this form.

Requestor Information

(Information of person filing the Request for Mediation)

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Employer/Housing Provider Contact Information

(Information of person or company alleged to have discriminated against Requestor)

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Location at Which Alleged Discrimination Occurred

(Address of employment or potential employment at which discrimination is alleged or address of home at which Requestor purchased, rented, or attempted to purchase or rent)

Address: _____

City: _____

State: _____ Zip Code: _____

Requestor's Protected Class:

- | | | |
|--|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Sex | <input type="checkbox"/> National Origin | <input type="checkbox"/> Ancestry |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Disability | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Uniformed Services Membership | |

Nature of Alleged Discrimination:

- | |
|--|
| <input type="checkbox"/> Discrimination in relation to employment |
| <input type="checkbox"/> Discrimination in relation to the sale or rental of housing |

Alleged Discrimination Information:

Date on which alleged discrimination occurred: _____
(Note: Requests for Mediation must be submitted to the City within 60 days of the date on which the alleged discrimination occurred.)

Date on which the employer or housing provider was notified of the alleged discrimination: _____
(Note: Requestors must notify employers and housing providers of the alleged discrimination and allow at least seven days for a response.)

Person notified of alleged discrimination (if known): _____

Method of notifying employer or housing provider of alleged discrimination: _____

Alleged Discrimination Information (continued):

Please describe the events that you allege constituted discrimination in the space below. **The information provided herein is public record and may be obtained by any member of the public upon request. Private or confidential information should not be submitted using this form.** Additional information may be submitted by attaching additional pages to this form.

To initiate a Request for Mediation, this form must be submitted to the City's Legal Department at the following address:

City Attorney's Office
Attention: Human Rights Commission
1100 Frederick Avenue, Room 307
St. Joseph, Missouri 64501

Within ten business days following receipt of a completed request for mediation assistance an administrative determination will be made assessing the allegations stated herein to determine whether (1) all procedural requirements have been met to file a request for mediation assistance; (2) if the allegations, if substantiated, reasonably appear to constitute discrimination in employment or the sale or rental of housing; and (3) if the requestor has suffered a detrimental effect as a result of a discriminatory act based on his or her race, color, religion, sex, national origin, ancestry, marital status, disability, sexual orientation, gender identity, or status as a member of the uniformed services. If all procedural requirements have been so met and the allegations, if substantiated, reasonably appear to constitute such discrimination, the request will be referred to mediation assistance; otherwise the request will be denied, you will be notified of the denial, and you will have the opportunity to seek review of the determination by the Human Rights Commission. If the request is referred to mediation assistance, you and the person or business against which the allegations are made will be referred to a jointly selected mediator to attempt to resolve the alleged discrimination.

The City of St. Joseph's Non-Discrimination Ordinance provides no right to pursue damages or a binding legal remedy in a court of law. Missouri law or Federal law provide rights and remedies that are not available to claimants under the City of St. Joseph's Non-Discrimination Ordinance, including the right to recover monetary damages. The right to pursue remedies under Missouri or Federal law have strict time limitations. By initialing to the right, you confirm that you have reviewed your rights under Missouri and Federal law, you understand that any delay in pursuing a claim under Missouri or Federal law may jeopardize your right to pursue that claim, and that filing of a claim or request with the City of St. Joseph will not preserve a claim you may have under Missouri or Federal law.

Initials:

By initialing to the right, you confirm your understanding that all information submitted to the City on this form or by other method is public record and may be obtained by any member of the public upon request and that private or confidential information should not be submitted using this form.

Initials:

By signing below, you affirm that all information provided by you herein is true and accurate.

Requestor Signature _____

Date _____