Source of Income Protections (SOIP) for Veterans Ordinance Complaint Form

The Source of Income Protections (SOIP) for Veterans Ordinance applies to conduct occurring within the City of limits of the City of San Antonio. **SOIP complaints must be filed within 30 days after the alleged discrimination.**

There are steps to complete the form:

- Step 1: Complainant's Information
- Step 2: Complaint Against
- Step 3: Complaint Details
- Step 4: Submit the Complaint

Important Notes:

- The Compliance, Opportunity & Access Department will maintain the confidentiality of your name and discrimination complaint to the best of their ability. However, the City cannot guarantee the information will remain confidential. The Texas Public Information Act allows the public release of any information held by the City of San Antonio. Your name and discrimination complaint may be made public if the City of San Antonio receives a request for the information.
- The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints will be made available upon request.
- Fields marked as "Required" mean that an answer is needed in order to submit the form.

Accommodation:

If you need assistance completing this form or need this form in another language, please send an email to civilrightsoffice@sanantonio.gov or call (210) 207-8911.

Complainant's Information – Required (Step 1 of 4)

Information about you, the person filing the complaint.

Complainant Name: _____

(Optional) Salutation (Ex. Ms., Mr., Dr.): _____ Pronouns: _____

Phone Number: _____

Street Address: _____

City and State:_____Zip Code: _____

E-mail: _____

Additional Contact Information – Optional

Information about a person who knows where, and how to contact you:

Name: _____ Phone Number: _____

Street Address: _____

City and State:_____ Zip Code: _____

E-mail: _____

Person Discriminated Against – Required

Were you the person who was discriminated against? ☐ Yes ☐ No

Complaint Against – Required (Step 2 of 4)

Information about the person or business you are filing the complaint against.

Name of Person or Business: _____

Contact Person, if Other than Above: _____

Title, if Known: _____ Phone Number: _____

Street Address Where Incident Took Place: _____

Note: The Source of Income Protections (SOIP) for Veterans Ordinance applies to conduct occurring within the City limits of the City of San Antonio.

Complaint Details – Required (Step 3 of 4)

When did the discrimination occur? (MM/DD/YYYY): _____

Please explain, as clearly as possible, what occurred, who was involved, why you believe it occurred, and how you were discriminated against. Be sure to include how other persons were treated differently than you.

(If you need more space, please include additional pages as needed.)

Have you discussed the complaint with any City representative? ☐ Yes ☐ No

If yes, please provide the following information:

Name of City representative: _____

Position of City representative: _____

Have you filed a Police Report? ☐ Yes ☐ No

If yes, please provide the Case Number: _____

Confirmation – Required

☐ I swear or affirm that all of the information contained in the complaint is true to the best of my knowledge and information.

_____

Signature of Complainant

_____

Date

Submit Form (Step 4 of 4)

Please submit this form in-person or by mail to:

Office of the City Clerk
City Tower
100 W. Houston, Concourse Level
San Antonio, TX 78205

In person drop-off hours are 8:00 am to 4:30 pm. Monday-Friday
Go to the City Tower Information Desk for assistance.