

PUBLIC ACCOMMODATIONS INTAKE QUESTIONNAIRE

Please answer the following questions, telling us why you believe that you have been discriminated against in public accommodations.

PLEASE PRINT

Name _____
(First Name Middle Initial Last Name)

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Date of Birth _____

E-mail address _____

Race (Select *one* or *more*)

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Ethnicity (Select *only one*)

- Hispanic or Latino Not Hispanic or Latino

AGAINST WHOM IS THIS COMPLAINT BEING FILED?

Name _____ Telephone No. _____

Address _____
Street Name & Number City State Zip Code

If you have named an individual above, and that individual appeared to be acting on behalf of a company, please complete the following information:

Company Name _____

Address of Company _____

City _____ State _____ Zip _____

Telephone Number _____

Please utilize the space below to indicate identifying information on any additional entities or individuals related to the individual or company you named above and whom you think should be named in this complaint. (Please indicate the address of the property involved in your complaint).

When did the act(s) occur? (Include the most recent date if several dates are involved)

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What did the person you are complaining against do that you felt was discriminatory?

Do you believe that the action taken against you was because of: (Check all that apply and specify)

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Race or Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Physical |
| <input type="checkbox"/> White | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Mental |
| <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> American Indian | |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation (Gender Identity) | |

Please list the **names, addresses and telephone numbers** for any individual whom you believe would be able to provide information about the situation that you are complaining:

Name	Address (include city, state, zip code)	Telephone Number
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Please provide the name of an individual, who does **NOT** live with you, in the local area, who would know how to reach you at any time. This person must have a telephone number and a street address.

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

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By clicking SUBMIT, I affirm that the information contained in my response to this Intake Questionnaire is true and correct to the best of my knowledge and belief:

Date