

**INTAKE QUESTIONNAIRE**

(For Housing Cases Use **Housing Intake Questionnaire**)

To assist us in understanding the details of your situation, please provide a brief description of the reasons you believe you have been discriminated against **on the reverse side of this sheet. Use extra paper if necessary.**

Name \_\_\_\_\_ Date \_\_\_\_\_  
(First) (Middle Initial) (Last)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of a relative, friend or neighbor in the local area who would know how to reach you.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel. No. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

I BELIEVE I HAVE BEEN DISCRIMINATED AGAINST IN: (check all that apply)

- Employment  Access to Public Accommodation  Extension of Credit  Education

BECAUSE OF: (check all that apply)

- Race/Color (Specify: \_\_\_\_\_)  National Origin/Ancstry (Specify: \_\_\_\_\_)  
 Sex (This includes sexual harassment)  Sexual Orientation  Religion (Specify: \_\_\_\_\_)  
 Workers' Compensation Retaliation (Employment Only)  Whistleblower Retaliation (Employment Only)  
 Age (Employment & Credit Cases Only) Date of Birth \_\_\_\_\_ (Please Specify)  
 Genetic Predisposition  Children (Lodging Only-except certain B&B establishments)  
 Marital Status (Credit Only)  
 Physical/Mental Disability (If **Employment Case**, complete and attach **DISABILITY INTAKE QUESTIONNAIRE.**)

I WAS DENIED THE SAME OPPORTUNITY OR TREATED DIFFERENTLY FROM OTHERS IN (Please check all applicable.)

- Hiring  Dismissal  Benefits  Pay  Promotion  Working Conditions  
 Loan  Credit  Sale  Rental  Other: \_\_\_\_\_

(Describe Briefly)

WHAT WAS THE MOST RECENT DATE OF ALLEGED DISCRIMINATION? \_\_\_\_\_

WHAT REASON WAS GIVEN FOR THIS ADVERSE ACTION? \_\_\_\_\_

**I WISH TO FILE A CHARGE AGAINST:** (check all that apply)

- Employer  Union  Employment Agency  Other (Please Specify) \_\_\_\_\_

Name of Organization \_\_\_\_\_ Tel. No. \_\_\_\_\_

Person to Contact \_\_\_\_\_ Title or Position (i.e. Owner/President/H.R. Mgr.) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street City State Zip

Physical Address (if different): \_\_\_\_\_

**IF EMPLOYMENT:**

Approximate number persons employed by Company or members of Union? \_\_\_\_\_ Are you employed by this company at this time? \_\_\_\_\_. When did you first become employed? \_\_\_\_\_

Present position? \_\_\_\_\_. Or, I was employed as \_\_\_\_\_ (position) until \_\_\_\_\_ (date), when I was \_\_\_\_\_ (laid off, terminated, quit, etc.)

If not employed, I applied for \_\_\_\_\_ (position) on \_\_\_\_\_ (date.)

**HAVE YOU EVER FILED A COMPLAINT WITH THIS OFFICE?**  Yes If yes, answer below.  No

Against Whom? \_\_\_\_\_ Approximately when? \_\_\_\_\_

Do you have an attorney?  No  Yes Name \_\_\_\_\_

Is there a union at your place of employment? If so, have you brought this matter to their attention?  Yes  No

**GIVE DETAILS ON REVERSE SIDE, INCLUDE NAMES AND DATES, ETC.**

**Signature of Complaining Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_