



Maine Human Rights Commission
51 State House Station - Augusta, ME 04333

INTAKE QUESTIONNAIRE
(For Housing Cases use HOUSING INTAKE QUESTIONNAIRE)

CONTACT INFORMATION					
First Name:		Middle Init.:	Last Name:		Date:
Street Address:			City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone	Email Address:		
NAME A RELATIVE FRIEND OR NEIGHBOR IN THE LOCAL AREA WHO WOULD KNOW HOW TO REACH YOU:					
First Name:		Last Name:		Phone #:	
Street Address		City:	State:	Zip:	
I WISH TO FILE A CHARGE AGAINST:					
Name of Organization:			Phone Number:		
Person to Contact:		Title or Position: (e.g. Owner/President/H.R. Manager)			
Mailing Street Address:		City:	State:	Zip:	
Type of organization: (ex, union, employment agency, manufacturing, retail...)					
I BELIEVE I HAVE BEEN DISCRIMINATED AGAINST IN:					
<input type="checkbox"/> Employment		<input type="checkbox"/> Access to Public Accommodation		<input type="checkbox"/> Extension of Credit	
				<input type="checkbox"/> Education	
BECAUSE OF:					
<input type="checkbox"/> Race/Color (Specify: _____)			<input type="checkbox"/> Whistleblower Retaliation (Employment Only)		
<input type="checkbox"/> Sex (this include sexual harassment)			<input type="checkbox"/> Workers Compensation Retaliation (Employment Only)		
<input type="checkbox"/> Sexual Orientation (includes Gender Identity) (Specify: _____)			<input type="checkbox"/> Genetic Predisposition		
<input type="checkbox"/> Religion (Specify: _____)			<input type="checkbox"/> Marital Status (Credit Only)		
<input type="checkbox"/> National Origin/Ancestry (Specify: _____)			<input type="checkbox"/> Children (Lodging Only - except certain B&B establishments)		
<input type="checkbox"/> Age (Employment & Credit Cases Only) include date of birth (_____)					
<input type="checkbox"/> Physical / Mental Disability (Specify disability: _____)					
I WAS DENIED THE SAME OPPORTUNITY OR TREATED DIFFERENTLY THAN OTHERS IN:					
<input type="checkbox"/> Hiring	<input type="checkbox"/> Dismissal	<input type="checkbox"/> Benefits	<input type="checkbox"/> Pay	<input type="checkbox"/> Promotion	<input type="checkbox"/> Working Conditions
<input type="checkbox"/> Loan	<input type="checkbox"/> Credit	<input type="checkbox"/> Other (Describe briefly)			
What are the dates of alleged discrimination:					
What reason was given for this adverse action:					

IF EMPLOYMENT RELATED DISCRIMINATION:

Approximately # of persons employed by Company or members of union? _____ Are you employed by this company at this time? Yes No

When did you first become employed? _____ Present position: _____

OR, I was employed as _____ until _____
(position title) (date)
when I was _____
(laid off, terminated, quit, etc.)

OR, I applied for: _____ on _____ and was not hired.
(position) (date)

Have you ever filed a complaint with this office? Yes No

Do you have an attorney? Yes No Name of Attorney: _____

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

Signature of Complaining Party: _____

Date: _____

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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. **Use extra paper if necessary.**

INTAKE QUESTIONNAIRE INSTRUCTIONS ON NEXT PAGE

Instructions for Intake Questionnaire

Fill out the intake form as completely as possible. Be specific with all names and dates.

Please return this form to:

Maine Human Rights Commission
 51 State House Station
 Augusta ME 04333

NOTE: Completing this [Intake Questionnaire](#) does not mean that a Charge of Discrimination has been filed.

After we receive the information you provide, the Intake Officer will either type a Charge of Discrimination and send it to you for your review and notarized signature or, if the information is not sufficient to draft a charge, call you to discuss your allegations further.

A CHARGE OF DISCRIMINATION IS FILED WITH THE MAINE HUMAN RIGHTS COMMISSION WHEN A SIGNED, NOTARIZED COMPLAINT FORM IS RECEIVED BY THE COMMISSION. SIGNED, NOTARIZED COMPLAINTS MUST BE RECEIVED BY THE COMMISSION WITHIN THREE HUNDRED (300) DAYS OF THE ALLEGED ACT OF DISCRIMINATION.

NOT ALL DISCRIMINATION IS UNLAWFUL! The Maine Human Rights Act makes it unlawful to discriminate in the following areas for the following reasons:

EMPLOYMENT	HOUSING	ACCESS TO PUBLIC ACCOMMODATION	CREDIT EXTENSION	EDUCATION
Age	--	--	Age	--
Ancestry	Ancestry	Ancestry	Ancestry	--
National Origin	National Origin	National Origin	National Origin	National Origin
Race	Race	Race	Race	Race
Color	Color	Color	Color	--
Religion	Religion	Religion	Religion	--
*Sex ¹	Sex	Sex	Sex	Sex
Sexual Orientation	Sexual Orientation	Sexual Orientation	Sexual Orientation	Sexual Orientation
Mental disability	Mental disability	Mental disability	--	Mental disability
Physical disability	Physical disability	Physical disability	--	Physical disability
Worker's Comp Retaliation for filing with previous employer only.	Receipt of Public Assistance ²	Children (lodging only)	Marital Status	--
Whistleblower's Retaliation	Familial Status	--	--	--
Genetic Predisposition	--	--	--	--

Retaliation: The Maine Human Rights Act prohibits retaliation against any individual who has opposed any practice which would be a violation of the Act, or because the individual has made a charge, testified or assisted in any manner in any investigation proceeding or hearing under the Act.

For more information on the Maine Human Rights Act please visit us on the web at www.maine.gov/mhrc.

¹ Sexual harassment is a form of sex discrimination.

² Receipt of Public Assistance means status as a recipient of federal, state or local public assistance