



Maine Human Rights Commission

51 State House Station - Augusta, ME 04333

GENERAL INTAKE QUESTIONNAIRE

(For Housing Cases use HOUSING INTAKE QUESTIONNAIRE)

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

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.

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.

CONTACT INFORMATION					
First Name:		Middle Init.:	Last Name:		Date:
Street Address:			City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone	Email Address:		
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"/> Age (Employment, Public Accommodation & Credit Cases only) Include date of birth (_____)		<input type="checkbox"/> Color (Specify:_____)			
<input type="checkbox"/> Children (Lodging Only - except certain B&B establishments)		<input type="checkbox"/> Receipt of a Permanent Protection From Abuse Order			
<input type="checkbox"/> Familial Status (Employment and Housnig only)		<input type="checkbox"/> Religion (Specify:_____)			
<input type="checkbox"/> Genetic Predisposition		<input type="checkbox"/> Retaliation			
<input type="checkbox"/> Marital Status (Credit Only)		<input type="checkbox"/> Sex (this includes sexual harassment)			
<input type="checkbox"/> National Origin/Ancestry (Specify:_____)		<input type="checkbox"/> Sexual Orientation (includes Gender Identity) (Specify:_____)			
<input type="checkbox"/> Physical / Mental Disability (Specify:_____)		<input type="checkbox"/> Whistleblower Retaliation (Employment Only)			
<input type="checkbox"/> Race (Specify:_____)		<input type="checkbox"/> Workers Compensation Retaliation (Employment Only)			
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?

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 title) (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

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.

Attach extra paper if necessary

Signature of Complaining Party:

Date:

FORM INSTRUCTIONS ON NEXT PAGE

NOT ALL DISCRIMINATION IS UNLAWFUL!

The Maine Human Rights Act makes it unlawful to discriminate in the following areas for the following reasons:

JURISDICTIONAL BASIS:	MHRC JURISDICTIONS				
	EMPLOYMENT	HOUSING	ACCESS TO PUBLIC ACCOMMODATION	CREDIT EXTENSION	EDUCATION
Age	✓		✓	✓	
Ancestry	✓	✓	✓	✓	
Color	✓	✓	✓	✓	
Children (lodging only)			✓		
Familial Status	✓	✓			
Genetic Information	✓				
Marital Status				✓	
Mental Disability	✓	✓	✓		✓
National Origin	✓	✓	✓	✓	✓
Permanent Protection From Abuse Order	✓	✓			
Physical Disability	✓	✓	✓		✓
Race	✓	✓	✓	✓	✓
Receipt of Public Assistance ¹		✓			
Religion	✓	✓	✓	✓	
Retaliation	✓	✓	✓	✓	✓
*Sex ²	✓	✓	✓	✓	✓
Sexual Orientation	✓	✓	✓	✓	✓
Worker's Comp Retaliation*	✓*				
Whistleblower's Retaliation	✓				

* for filing with previous employer only.

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.

FORM INSTRUCTIONS: 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

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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.

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

¹ Receipt of Public Assistance means status as a recipient of federal, state or local public assistance

² Sexual harassment is a form of sex discrimination.