

# PUBLIC ACCOMMODATIONS INTAKE QUESTIONNAIRE

DATE OF INTAKE \_\_\_\_\_ EOS \_\_\_\_\_

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

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### 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).

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

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## PUBLIC ACCOMMODATIONS INTAKE QUESTIONNAIRE

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

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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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 (\_\_\_\_\_) \_\_\_\_\_

**PUBLIC ACCOMMODATIONS INTAKE QUESTIONNAIRE**

*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:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*WITNESSED BY THIS HUMAN RIGHTS REPRESENTATIVE:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title