



PUBLIC ACCOMMODATION INTAKE QUESTIONNAIRE
COMPLETING THIS INTAKE QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A DISCRIMINATION CHARGE.

***Required Fields**

1. COMPLAINANT	
*Today's Date: _____	*Name: _____
*Address: _____	*City/State/Zip: _____
E-mail: _____ *Home Tel #: _____ Work Tel #: _____	* What language do you prefer to communicate in? ___ English ___ Spanish ___ Amharic ___ Chinese ___ Vietnamese ___ Korean ___ Other (Please list) _____
IF REPRESENTED BY LEGAL COUNSEL, PLEASE PROVIDE THE FOLLOWING: Name: _____ Telephone/Fax: _____ Address: _____ E-mail Address _____ <small>*Please note: If you are represented by counsel or retain counsel prior to your scheduled Intake interview, the counsel must either (1) be present with you for the duration of your Intake interview, or (2) withdraw his/her appearance from the interview by submitting a letter to the Office indicating that the interview may take place without his/her representation.</small>	
Do you require a reasonable accommodation? If so, please explain: _____	
Do you require language interpretation? If so, what language? _____	
2. RESPONDENT	
Name of company or organization: _____	
Name and Title of principal officer (i.e. President, Owner, Human Resources Manager): _____	
Address _____	City/State/Zip _____
Tel #: _____	Fax #: _____ E-mail Address: _____
3. BASIS OF COMPLAINT	
The basis is one of the below listed categories to which you belong and believe that you were treated differently because you belong or are perceived to belong in that category.	
*Do you feel you were discriminated against because of your: (Please check appropriate box).	
<input type="checkbox"/> Race <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Family Responsibilities <input type="checkbox"/> Matriculation <input type="checkbox"/> Source of Income <input type="checkbox"/> Color <input type="checkbox"/> Disability <input type="checkbox"/> Information <input type="checkbox"/> Gender Identity or expression <input type="checkbox"/> Marital Status <input type="checkbox"/> Familiar Status <input type="checkbox"/> National Origin <input type="checkbox"/> Religion <input type="checkbox"/> Personal Appearance <input type="checkbox"/> Political Affiliation <input type="checkbox"/> Sexual Orientation	
4. JURISDICTION	
*Please check all that apply:	
<input type="checkbox"/> Alleged violation occurred in the District of Columbia. <input type="checkbox"/> Alleged violation occurred 365 days or less from today's date. <input type="checkbox"/> You have not commenced any other action, civil, criminal, or administrative in any other forum based on the same unlawful discriminatory practice described herein.	

5. PUBLIC ACCOMODATION

***What action was taken that made you feel you were treated differently?**

Failure to Accommodate (i.e. Religion, Disability) Denial of Service Other: _____

*Date of alleged incident: _____ *Service you requested: _____

Person who denied your service request (if known):

Name: _____ Title: _____

How is this person different from you? (i.e. what is this person's protected basis? See Section 3 for complete list of basis.)

Have you tried to resolve this matter with the Respondent? If so, please describe with whom you spoke and their response:

***6. YOUR COMPLAINT**

Describe in detail the incident(s) that led you to file a complaint of discrimination. Please list dates as well as the name(s) of the person(s) who discriminated against you in denying educational services. If this is a disability-based complaint, please specify whether an accommodation was requested; the person the request was submitted to and the date Respondent was notified of your disability.

SUBMITTING THIS INTAKE QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A CHARGE.

Please return this form by mail or in-person to: 441 4th Street NW, Suite 570N, Washington DC, 20001.

The DC Office of Human Rights was established to eradicate discrimination, increase equal opportunity and protect human rights for persons who live, work, or visit the District of Columbia. The receipt of this complaint form by the Office of Human Rights will lead to an intake interview.

*Signature of Potential Charging Party

*Date