

**EMPLOYMENT** INTAKE QUESTIONNAIRE

1. Complainant(s) Contact Information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  |  |  |
| Filing on behalf of: |
| Address: |
| Address (Suite, Apt. etc.) |
| City/State/Zip Code: |
| Email Address: |
| Telephone No: |
| Cell Phone No.: |
| Date of Birth: |
| Sex: |   | Race: |   | Are you Hispanic? | * Yes ☐ No
 |
| What is your National Origin? |  |  |  |  |

1. Respondent(s) Contact Information: (person, landlord, owner, housing provider, or other entity against whom you are filing this complaint)

|  |
| --- |
| Name: |
| Address: |
| Address (Suite, Apt. etc.) |
| City/State/Zip Code: |
| Telephone No: |

1. Protected Class(es): (check all reasons you have been discriminated against and specify the class, e.g., race, African American; sex, female):

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|  |  |
| --- | --- |
| * Race:
* Color:
* Sex/Orientation:
* Age:
* Disability:
* Use of Guide or Support Animal:
 | Ancestry:Religious Creed:National Origin:Gender Identity:* Other (specify)
 |

1. The **zipcode** where you were **discriminated**:
2. Number of Employees Employed by Respondent:

 Fewer than 4  4 to 14  15 to 20  20+

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1. Dates of Discrimination: Beginning: Ending: Continuing? ☐ Yes ☐ No
2. Describe the discriminatory conduct, with specificity, and explain why you feel that you were discriminated against because of your protected class: (e.g., denial of admittance, denial of disability accommodation, different terms, and conditions of services provided)

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VERIFICATION

 I hereby verify that the statements above are true and correct to the best of my knowledge, information, and belief.

Signature Date

Printed Name

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