



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? _____

2. 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: _____

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

- | | |
|---|---|
| <input type="checkbox"/> Race: _____ | <input type="checkbox"/> Ancestry: _____ |
| <input type="checkbox"/> Color: _____ | <input type="checkbox"/> Religious Creed: _____ |
| <input type="checkbox"/> Sex/Orientation: _____ | <input type="checkbox"/> National Origin: _____ |
| <input type="checkbox"/> Age: _____ | <input type="checkbox"/> Gender _____ |
| <input type="checkbox"/> Disability: _____ | Identity: _____ |
| <input type="checkbox"/> Use of Guide or _____ | <input type="checkbox"/> Other (specify) _____ |
| Support Animal: _____ | |

4. The zipcode where you were discriminated: _____

5. Number of Employees Employed by Respondent:

___ Fewer than 4 ___ 4 to 14 ___ 15 to 20 ___ 20+

6. Dates of Discrimination: Beginning: _____ Ending: _____ Continuing? ☐ Yes ☐ No

7. 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)

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

***PROVIDE A COPY OF YOUR PAYSTUB WHILE WORKING FOR RESPONDENT OR IF YOU WERE DENIED EMPLOYMENT, THE JOB ANNOUNCEMENT THAT YOU RESPONDED TO IN PDF FORMAT AS ONE DOCUMENT WITH THIS QUESTIONNAIRE. ATTACHMENTS NOT IN PDF FORMAT WILL NOT BE ACCEPTED.**