



PUBLIC ACCOMMODATION 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: (Entity or Place of Public Accommodation 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"/> Disability: _____	<input type="checkbox"/> Gender Identity: _____
<input type="checkbox"/> Use of Guide or Support Animal: _____	<input type="checkbox"/> Other (specify) _____

4. The zipcode where you were discriminated: _____

5. I visited Respondent on: _____

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, retaliation, 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 ANY DOCUMENTATION OR WEBPAGE SHOWING THE EXACT ADDRESS OF THE RESPONDENT THAT DENIED YOU A PUBLIC ACCOMMODATION IN PDF FORMAT**