

JACKSONVILLE HUMAN RIGHTS COMMISSION



Office Hours: M – F 8:00 a.m. – 5:00 p.m.

Intake Hours: 8:00 a.m. – 10:30 a.m. and 1:00 p.m. – 3:30 p.m.

AGENCY PROFILE

Please read the information below that briefly describes the enforcement authority of the Jacksonville Human Rights Commission (JHRC).

This agency was established to investigate complaints from citizens who feel they have been discriminated against.

The **Jacksonville Human Rights Commission (JHRC)**, is a local law enforcement agency that investigates civil rights complaints alleging discrimination based on Race, Sex, Religion, Color, National Origin, Age or Disability in employment, housing and public accommodation. If you feel you have been discriminated against, you may file a complaint, in writing, under oath with the JHRC. Based on the facts obtained during the initial interview, JHRC *may* file a Formal Charge against the person and/or company/organization you name. ***Please note this is not a lawsuit.***

Once accepted all complaints in the JHRC are **confidential** and will be investigated from a **neutral** point of view. The investigator assigned to your charge is not your attorney or representative. He/She is a neutral party, dedicated to determining the facts surrounding your charge and making recommendations on the merits of the case. However, attempts are made throughout the investigative process to reach a reasonable resolution.

The JHRC authority is set forth in Chapter 60, Title XI Chapters 402, 406 and 408 of the Jacksonville Municipal Code, Title VII of the 1964 Civil Rights Act, as amended, Title VIII of the 1968 Civil Rights Act, ADA and 42 USC 4000e-8.

If you wish to file a complaint, please complete all pages of the attached Pre-Interview Questionnaire. It is important to provide as much information as possible. If you cannot complete the filing of your charge once you have been assigned an Assessment Specialist, you may schedule an appointment to complete the process at a later date.

I have read the above information. I understand the completion of this form does not constitute the filing of a charge.

SIGNATURE _____ **DATE** _____

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INTAKE INTERVIEW POLICY

The investigative process of the Jacksonville Human Rights Commission (JHRC) is by law confidential pursuant to Title XI, Chapter 402 of the Jacksonville Municipal Code, Title VII of the 1964 Civil Rights Act, as amended, Title I of the Americans with Disabilities Act of 1990, and The Age Discrimination in Employment Act of 1967. Accordingly, JHRC will interview only the potential Charging Party in a private session wherein if all legal jurisdictional requirements are met, a charge will be filed and a sworn (affirmed) affidavit executed. The information obtained during the intake interview is very important to the overall investigative process and outcome of the charge. It is, therefore, imperative that the session be a private, confidential one where the potential Charging Party has the undivided attention of a Commission employee, minimal distractions, and is free to be candid regarding the circumstances giving rise to the complaint.

Exceptions

- An interpreter may be present in the event a potential Charging Party has an impairment or language barrier that impedes the designated Commission employee's ability to conduct the Intake Interview in an efficient and confidential manner.
- A potential Charging Party under 18 years of age must be accompanied by a parent or guardian.
- A potential Charging Party may be accompanied by an attorney who has (1) provided a letter of representation to the Commission, or (2) presented his/her Florida Bar Identification.
- A potential Charging Party may be interviewed with individuals filing identical or very similar allegations against the same company. (NOTE: The Commission will make the final decision regarding this exception based on the allegations made and the availability of staff at the time of the Intake Interview).

PRE-INTERVIEW QUESTIONNAIRE

To be Completed by Agency Personnel

R _____ S _____ T _____ Charge Number _____ Disposition _____

Answers to the following questions will be used to develop your charge and assist in the investigation of your case. The answers to these questions will remain confidential. These inquiries are requested so we may help you, not as an invasion of your privacy. Accuracy and completeness are important.

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Address _____ APT # or LOT # _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

Birth Date _____ Age _____ Race _____ Sex _____

LAST 4 DIGITS OF SS# XXX-XX-____-____-____-____

Please provide the Name, Address, and Telephone number of a contact person who can always reach you. **DO NOT USE A PERSON WHO LIVES AT YOUR ADDRESS!!**

CONTACT PERSON

Name _____

Address _____
City/State _____ Zip Code _____

Phone(____) _____ Relationship _____

PRESENT EMPLOYER

Name _____

Address _____

Phone (____) _____

WHAT SCHOOL/COLLEGE GRADE LEVEL DID YOU COMPLETE:

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, HS Diploma
College/Univ.: 1, 2, 3, 4, Bachelor, Master, PhD

YOUR COMPLAINT

Please indicate why you believe you have been discriminated against. (Check and respond only to those that apply to your complaint)

Race **Color** **National Origin** **Age**

Religion **Sex** **Sex (Sexual Harassment)**

Sex(Pregnancy) **Having filed a previous Charge / Complaint**

Disability ****Note: If your claim is based on Disability, please complete the Disability Addendum**

Other (Specify) _____

In the space below please **briefly** provide the information requested, indicate how and / or why you believe you were discriminated against because of your race, sex, color, religion, national origin, age, pregnancy, disability or having filed a previous charge. _____

In the space below please **briefly** provide the information requested.

I was informed by _____ Job Title _____

The reason given for my (Termination, Demotion, Etc.) was because _____

Who committed violations similar to those you were accused of making and how did the company deal with them. Identify each person by Name and Job Title held. _____

Who have you contacted within the company to try to get the problem resolved and what action did they take? _____

DESIRED RESOLUTION: Back Pay Benefits Neutral Job References Promotion
 Reinstatement Training Recruiting Obligation Posting Requirements
 Harassment Ceased Other _____(Specify)

WITNESSES

Please list below the names, and contact information for each of your witnesses, if any.
(Witnesses are persons, other than those named in your complaint, who actually saw and/or heard events who can verify your complaint.)

1)	Name
Address / Phone # _____	
When and what did this person see/hear? _____ _____	

2)	Name
Address / Phone # _____	
When and what did this person see/hear? _____ _____	

3)	Name
Address / Phone # _____	
When and what did this person see/hear? _____ _____	

4)	Name
Address / Phone # _____	
When and what did this person see/hear? _____ _____	

5)	Name
Address / Phone # _____	
When and what did this person see/hear? _____ _____	