



**PUBLIC ACCOMMODATIONS
Questionnaire**

Date: _____ Charge Number: _____
To be filled by Commission Staff

Please furnish the following information, all questions should be answered. If you are not sure of an answer, or don't know the answer to a question, write "Not Sure" or "Don't Know" in the space provided. If a question does not apply to your situation, write "N/A" in the space provided. Feel free to ask for clarification regarding any questions.

Name: _____	DOB: _____	Last 4 Digits of SSN: XXX-XX-_____
Address: _____		
City: _____	State: _____	Zip: _____
H. Phone: () _____	Cell Phone: () _____	E-mail: _____

May we contact you at work: No _____ Yes _____ Work Phone () _____

Please provide information on someone who will know your whereabouts at all times. It is important this section be completed.

Contact Person: _____ () _____

(First)	(Last)	(Relationship)	(Phone)
(Address)		(City)	(State) (Zip)

Have you ever filed this complaint with any other Federal, State or Local Government Anti-discrimination Agency?

No _____ Yes _____ (if yes, complete below)

Name of agency: _____ Date filed: _____

Results (if any): _____

YOUR DISCRIMINATION IS BASED UPON: (Check all that apply)

Race Color Religion National Origin Marital Status Sex Disability
Age Ancestry Retaliation Familial Status Pregnancy

Your Sex is	Male	_____	Female	_____				
Your Race is	Black	_____	White	_____	Asian	_____	Other	_____
Your National Origin (if national origin complaint) _____								
Your disability (if disability complaint) _____								
Your Religion (list denomination if basis for complaint) _____								
Other basis information _____								

Name of establishment that you are alleging discriminated against you:			
Name	_____		
Address	_____		
City:	State:	Zip:	
Phone: ()	_____		

Most recent date of harm _____

What personal harm did you experience (e.g. refused service or transportation, etc.)?

What reason(s) (if any) were you given for the action taken against you?

The reason you believe the action of discrimination was taken against you.

Please provide direct evidence which would support your claim that the action taken against you was discriminatory.

_____ I have no direct evidence _____ I have direct evidence as follows:

If known, identify individuals who received treatment different from your experience with the organization and explain how.

Please provide names and phone numbers of witnesses to the action against you:

Name _____	Phone Number	() _____
Name _____	Phone Number	() _____
Name _____	Phone Number	() _____