



**DISCRIMINATION INTAKE/INQUIRY FORM**

NOTE: This form is for intake/inquiry only: it is not a filed complaint. An investigator or staff member will contact you if your inquiry is accepted for investigation by this agency.

Have you filed a complaint in another agency or in court? \_\_\_\_\_

Interpreter Requested; Language Requested: \_\_\_\_\_

**COMPLAINT (PERSON MAKING INTAKE/INQUIRY**

Name:  Mr.  Ms. \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**RESPONDENT (PERSON WHO COMMITTED ALLEGED DISCRIMINATORY ACT):**

Name: \_\_\_\_\_

Company/Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Number of Employees/Units \_\_\_\_\_

**TYPE OF CASE/DIVISION OF COUNTY CODE:**

Employment  Housing/Real Estate  Public Accommodation  Intimidation/Hate Crime

Did you apply for a job where the application asked if you had been arrested or convicted of a crime?

**BASIS OF DISCRIMINATION**

National Origin

Disability, Mental

Marital Status

Sex/Gender

Disability, Physical

Family Responsibilities

Race

Sexual Orientation

**Employment Only:**

Ancestry

Gender Identity

Genetic Status

Color

Religious Creed

**Housing Only:**

Age

Retaliation

Source of Income

Presence of Children

**WHEN DID THE DISCRIMINATION HAPPEN?** \_\_\_\_\_

**DESCRIBE THE ALLEGED DISCRIMINATION:**

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**OFFICE USE ONLY**

Action Taken

Rejected

Accepted

Action taken by: \_\_\_\_\_

Communication Method:

In Person  Telephone  Written  E-Mail  Other: \_\_\_\_\_

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Date of Communication: \_\_\_\_\_