



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:

OFFICE USE ONLY

Action Taken

Rejected

Accepted

Action taken by: _____

Communication Method:

In Person Telephone Written E-Mail Other: _____

Date of Communication: _____