



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: _____