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.

When did the incident/discrimination happen? ____________________________________________

Have you filed a complaint in another agency or in court? __________________________________

☐ Interpreter Requested; Language Requested: ____________________________________________

COMPLAINANT (Person who is making the intake/inquiry):
Name: ☐ Mr. ☐ Ms. __________________________
Address: __________________________________________

Telephone: (Home) __________________ (Mobile) __________________ (Work) __________________
E-mail Address: __________________________________________
Date of Birth: __________________________

RESPONDENT (Person/entity that committed the alleged act or incident):
Name: __________________________________________
Company/Entity: __________________________________________
Address: __________________________________________

City __________________ State ________ Zip Code __________________
Telephone: __________________ Number of Employees/Units __________________

TYPE OF CASE/DIVISION OF COUNTY CODE:
☐ Employment ☐ Housing/Real Estate ☐ Public Accommodation ☐ Intimidation/Hate Crime

☐ Ban the Box. (Jan. 2015)
Did you apply for a job where the application asked if you had been arrested or convicted of a crime?

☐ Displaced Service Worker Act. (Dec. 2012)
Did you lose a job when the contract was sold or transferred? __________________________

☐ Earned Sick & Safe Leave (ESSL). (Oct. 2016)
Is your employer providing ESSL? __________________________
Did your employer inform you that ESSL is required? __________________________

Intake Form revised 10/12/2016
BASIS OF DISCRIMINATION:
☐ Age
☐ Race
☐ Color
☐ Ancestry
☐ National Origin
☐ Sex/Gender
☐ Disability, Mental
☐ Disability, Physical
☐ Sexual Orientation
☐ Gender Identity
☐ Religious Creed
☐ Retaliation
☐ Marital Status
☐ Family Status/Responsibilities

Employment Only:
☐ Genetic Status

Housing Only:
☐ Source of Income
☐ Presence of Children

PLEASE DESCRIBE THE ALLEGED DISCRIMINATION/INCIDENT:

Please return form to:
Intakes & Inquiries
Montgomery County Office of Human Rights
21 Maryland Avenue, Suite 330
Rockville, MD 20850

FOR OFFICE USE ONLY

Date of Intake/Inquiry: __________________________
Intake conducted by: __________________________

Action taken:
☐ Rejected
☐ Accepted

Action taken by: __________________________

Method of Communication:
☐ In Person  ☐ Telephone  ☐ Letter  ☐ E-Mail  ☐ Other: __________________________

Date of Communication: __________________________

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