



## 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? \_\_\_\_\_

