Office of Human Rights
DISTRICT OF COLUMBIA

PUBLIC ACCOMODATION INTAKE QUESTIONNAIRE

COMPLETING THIS INTAKE QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A DISCRIMINATION CHARGE.

441 4th Street, NW
Suite 570 North
Washington, DC 20001
Telephone: 202-727-4559
Fax: 202-727-9589

***Required Fields**

1. COMPLAINANT

***Today's Date:**	***Name:**
***Address:**	***City/State/Zip:**
E-mail: _____ ***Home Tel #:** _____ **Work Tel #:** _____	***** **What language do you prefer to communicate in?** **__English __Spanish __Amharic __Chinese __Vietnamese __Korean** **__Other (Please list)** _____

IF REPRESENTED BY LEGAL COUNSEL, PLEASE PROVIDE THE FOLLOWING:
Name: _____ **Telephone/Fax:** _____
Address:_____ **E-mail Address**_____

*Please note: If you are represented by counsel or retain counsel prior to your scheduled Intake interview, the counsel must either (1) be present with you for the duration of your Intake interview, or (2) withdraw his/her appearance from the interview by submitting a letter to the Office indicating that the interview may take place without his/her representation.

Do you require a reasonable accommodation? If so, please explain:
_____

Do you require language interpretation? If so, what language? _____

2. RESPONDENT

Name of company or organization:

Name and Title of principal officer (i.e. President, Owner, Human Resources Manager):

Address **City/State/Zip**

Tel #: **Fax #:** **E-mail Address:**

3. BASIS OF COMPLAINT

The basis is one of the below listed categories to which you belong and believe that you were treated differently because you belong or are perceived to belong in that category.

***Do you feel you were discriminated against because of your: (Please check appropriate box).**

☐ Race	☐ Sex	☐ Age	☐ Family Responsibilities	☐ Matriculation	☐ Source of Income
☐ Color	☐ Disability	☐ Genetic Information	☐ Gender Identity or expression	☐ Marital Status	☐ Familiar Status
☐ National Origin	☐ Religion	☐ Personal Appearance	☐ Political Affiliation	☐ Sexual Orientation	

4. JURISDICTION

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***Please check all that apply:**

☐ Alleged violation occurred in the District of Columbia.

☐ Alleged violation occurred 365 days or less from today´s date.

☐ You have not commenced any other action, civil, criminal, or administrative in any other forum based on the same unlawful discriminatory practice described herein.

5. PUBLIC ACCOMODATION

***What action was taken that made you feel you were treated differently?**

☐ Failure to Accommodate (i.e. Religion, Disability) ☐ Denial of Service ☐ Other:_____

*Date of alleged incident:_____ *Service you requested: _____

Person who denied your service request (if known):

Name:_____ Title: _____

How is this person different from you? (i.e. what is this person's protected basis? See Section 3 for complete list of basis.)

_____

Have you tried to resolve this matter with the Respondent? If so, please describe with whom you spoke and their response:

_____

_____

_____

*6. YOUR COMPLAINT

Describe in detail the incident(s) that led you to file a complaint of discrimination. Please list dates as well as the name(s) of the person(s) who discriminated against you in denying educational services. If this is a disability-based complaint, please specify whether an accommodation was requested; the person the request was submitted to and the date Respondent was notified of your disability.

SUBMITTING THIS INTAKE QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A CHARGE. SUBMITTING THIS INTAKE QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A CHARGE. The DC Office of Human Rights was established to eradicate discrimination, increase equal opportunity and protect human rights for persons who live, work, or visit the District of Columbia. The receipt of this complaint form by the Office of Human Rights will lead to an intake interview.

_____ _____

*Signature of Potential Charging Party *Date

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