



## OHR QUESTIONNAIRE-EDUCATION

**\*Required Fields**

### 1. COMPLAINANT

<b>*Today's Date:</b> _____	<b>*Name:</b> _____
<b>*Address:</b> _____	<b>*City/State/Zip:</b> _____
<b>E-mail:</b> _____	<b>*What is your language preference?</b> ___ English ___ Spanish ___ Amharic ___ Chinese ___ Vietnamese ___ Korean ___ Other (Please list) _____
<b>*Home Tel #:</b> _____	
<b>Work Tel #:</b> _____	

**IF REPRESENTED BY COUNSEL, PLEASE PROVIDE THE FOLLOWING:**

**Name:** \_\_\_\_\_ **Telephone/Fax:** \_\_\_\_\_ **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):** \_\_\_\_\_

<b>Address</b> _____	<b>City/State/Zip</b> _____
<b>Tel #:</b> _____	<b>Fax #:</b> _____
<b>E-mail Address:</b> _____	

### 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	Sexual Orientation
Political Affiliation	Disability	Genetic Information	Gender Identity or Gender Expression	Marital Status
National Origin	Religion	Personal Appearance	Color	Matriculation
Homeless Status				

### 4. JURISDICTION

**\*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. EDUCATIONAL INSTITUTION**

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

- Terms and Conditions    
  Failure to Accommodate (i.e. Religion, Disability)    
  Denial of Service    
  Admission or Admission Fees  
 Program Participation    
  Curriculum    
  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.**


**The submission of the OHR questionnaire constitutes the date of filing for statute of limitation purposes.**

**A complete and submitted OHR questionnaire satisfies the requirements of 4DCMR 705.4, 705.5.**

**Please return this form by email to [ohr.intake@dc.gov](mailto:ohr.intake@dc.gov) or 441 4<sup>th</sup> Street NW, Suite 570N, Washington DC, 20001.**

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  
(please type full name)

\_\_\_\_\_  
\*Date