



OHR QUESTIONNAIRE-LANGUAGE ACCESS

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

*Required Fields

1. COMPLAINANT INFORMATION

*Today's Date:	*Name:
*Address:	*City/State/Zip:
*Primary Phone Number:	*Sex:
Email address:	
*What is your language preference?	
*Contact person if you can not be reached:	
Email address:	*Primary Phone Number:
Do you require a reasonable accommodation? If yes, please explain:	
Do you require language interpretation? If so, what language?	

2. RESPONDENT INFORMATION

*Name of the D.C. government agency complained of:	
*Location of agency:	*Phone:
*If complaint is against an organization funded by D.C. government, please list the name and contact information for the organization here:	

3. COMPLAINT

*Date of incident:
*Nature of complaint: <input type="checkbox"/> Lack of assistance by agency staff in your language <input type="checkbox"/> Lack of translated materials

☐ Other (please describe):

*Did you alert agency staff of your language preference? ☐ Yes ☐ No

If yes, how?

*Please describe in detail the nature of the problem with the agency/department/organization named above:

(Please use additional paper if you need more space)

Please provide the name of the individual and/or organization that assisted you in completing this form (if applicable):

Contact Person/Position: _____

Daytime Phone Number: _____

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 4 DCMR 705.4, 705.5

Please return this form by email to ohr.intake@dc.gov or 441 4th 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.

* Complainant's Signature
(Please type full name)

* Date