



EDUCATION 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: _____	*What language do you prefer to communicate in? ___ English ___ Spanish ___ Amharic ___ Chinese ___ Vietnamese ___ Korean ___ Other (Please list) _____
*Home Tel #: _____	
Work Tel #: _____	
IF REPRESENTED BY COUNSEL, PLEASE PROVIDE THE FOLLOWING:	
Name: _____ Telephone/Fax: _____	
Address: _____ E-mail: _____	
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)	
<input type="checkbox"/> Race	<input type="checkbox"/> Sex
<input type="checkbox"/> Political Affiliation	<input type="checkbox"/> Disability
<input type="checkbox"/> National Origin	<input type="checkbox"/> Religion
<input type="checkbox"/> Age	<input type="checkbox"/> Genetic Information
<input type="checkbox"/> Family Responsibilities	<input type="checkbox"/> Gender Identity or expression
<input type="checkbox"/> Personal Appearance	<input type="checkbox"/> Matriculation
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Marital Status
<input type="checkbox"/> Source of Income	
4. JURISDICTION	
*Please check all that apply:	

