



OHR QUESTIONNAIRE-PUBLIC ACCOMMODATION & GOVERNMENT SERVICES

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 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 Gender Expression	Marital Status	Familial Status
Homeless Status	Religion	Personal Appearance	Political Affiliation	Sexual Orientation	Place of Residence or Business

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. PUBLIC ACCOMODATION/GOVERNMENT SERVICES
***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 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 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.

*Signature of Potential Charging Party
(please type full name)

*Date