

PUBLIC ACCOMMODATION INTAKE QUESTIONNAIRE

(If you file a Claim of Discrimination, your identity will be disclosed to the alleged violator.)

Personal Information

Name: _____	Date of Birth: _____
Phone #: (_____) _____	Social Security #: _____
Complete Address: _____ (No. & Street, City, State, Zip Code)	

Contact Information (An individual who will know how to contact you at all times.)

Name: _____	Phone #: (_____) _____
Complete Address: _____ (No. & Street, City, State, Zip Code)	

Basis(es) for Discrimination

I believe that I have been discriminated against based on one or more of the following: (check all that apply & identify)

<input type="checkbox"/> Race: _____	<input type="checkbox"/> National Origin: _____
<input type="checkbox"/> Color: _____	<input type="checkbox"/> Disability: _____
<input type="checkbox"/> Sex: Male / Female Familial Status / Pregnancy	<input type="checkbox"/> Religion: _____
<input type="checkbox"/> Retaliation * (* for protesting a prohibited housing practice or filing a previous charge of discrimination)	

I believe I was discriminated against by:

<input type="checkbox"/> Realtor	<input type="checkbox"/> Home Owner	<input type="checkbox"/> Mortgage Company	<input type="checkbox"/> Insurance Company
<input type="checkbox"/> Apartment Complex	<input type="checkbox"/> Bank / Lending Agency	<input type="checkbox"/> Business / Establishment	<input type="checkbox"/> Other: _____

Most Recent Date of Alleged Violation: _____
(Violation must have occurred within 365 days *before* today's date.)

Name: _____ Phone #: (_____) _____

Complete Address: _____
(No. & Street, City, State, Zip Code)

Date of Application: _____

Housing / Service / Public Accommodation Applied for: _____

Are you currently residing at the above address? Yes No

If No, last date occupied, applied, service requested: _____

Name (Person spoken to): _____ Title: _____

