



Corpus Christi Human Relations Commission
City Hall – 1st Floor
1201 Leopard Street, Corpus Christi, TX 78401
Phone: (361) 826-3190 Fax: (361) 826-3192

PUBLIC ACCOMMODATION INTAKE QUESTIONNAIRE

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

Personal Information

Print Name: _____			
Home Phone #: (____) _____	Cell Phone #: (____) _____	Alternate Phone #: (____) _____	
Complete Address: _____			
No. and Street	City	State	Zip Code
Are you the person who experienced the discrimination? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

Print Name: _____	Relationship: _____	
Home Phone #: (____) _____	Cell Phone #: (____) _____	Alternate Phone #: (____) _____

Basis(es) for Discrimination

I believe that I have been discriminated against based on one or more of the following: (Check all that apply and identify.)			
<input type="checkbox"/> Race: _____	<input type="checkbox"/> National Origin: _____		
<input type="checkbox"/> Color: _____	<input type="checkbox"/> Disability: _____		
<input type="checkbox"/> Religion: _____	<input type="checkbox"/> Age: _____	Date of Birth: _____	
<input type="checkbox"/> Sex: _____			

I believe I was discriminated against by:

Person's Name: _____	Title: _____		
Name of Business or Organization: _____			
Business or Organization Phone Number: (____) _____			
Complete Address: _____			
No. and Street	City	State	Zip Code
Most Recent Date of Alleged Violation: ____ / ____ / ____ (Violation must have occurred within 365 days <i>before</i> filing's date.)			

Describe what action was taken against you that caused you to believe that you were discriminated against. Include Date(s) (Month/Day/Year) and Name and Title of the individual(s) taking action. (Attach additional sheets if necessary.)

On or about ____ / ____ / ____ (Month/Day/Year), I / or _____ (Specify Name and Relationship) were subjected to discrimination by _____.

Witness(es) Are there any witnesses to the alleged discriminatory incidents? Person(s) with relevant information or direct knowledge of your allegations / situation. If Yes, please identify them below.

Name	Address	Telephone Number
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

Comparable(s) Others who were in the same situation as you are known as comparables. Please provide name or description of any comparables and indicate if treated the same or different. Identify Race, Color, Religion, Sex, National Origin, Disability and/or Age, if known. Attach additional sheets if necessary.

What solution are you seeking to resolve your complaint?

★If you have retained an attorney to represent you in this matter, please provide this office with a Letter of Representation.★

Signature _____ Date _____

PRIVACY ACT STATEMENT

This form is covered by the Privacy Act of 1974 as amended; Public Law 93-579 as amended. Authorities for requesting the personal data and the uses thereof are given below.

- FORM NUMBER / TITLE / DATE:** CCHRC Form 2, Public Accommodation Intake Questionnaire, April 2013.
- AUTHORITY:** City of Corpus Christi Ordinance No. 023411, as amended; Title VIII of the Civil Rights Act of 1964, as amended; and/or the Americans with Disabilities Act of 1990 as amended, 42 U.S.C. 12101 et seq.
- PRINCIPAL PURPOSE:** The purpose of this questionnaire is to solicit information to enable the Commission to avoid the intake of matters not within its jurisdiction.
- ROUTINE USES:** Information provided on this form will be used to determine the evidence of facts relevant to a decision as to whether the Commission has jurisdiction over potential complaint(s). Information provided on this form may be disclosed to local, state, and federal agencies as may be appropriate or necessary. Information may be disclosed under any applicable laws or statutes.
- WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY, THE EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION:** Providing this information is voluntary, but the failure to do so may hamper the investigation of a discrimination complaint.