

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN RIGHTS AND LOCAL BUSINESS DEVELOPMENT

PRE-COMPLAINT QUESTIONNAIRE

EDUCATIONAL INSTITUTION

*THE INFORMATION REQUESTED ON THIS FORM WILL ALLOW US TO ASSIST YOU. THERE IS NO
GUARANTEE THAT THE INFORMATION SUBMITTED WILL CONSTITUTE A BASIS FOR FILING A
COMPLAINT.*

**Please complete the following questionnaire completely to the best of your knowledge.
Be specific as possible in describing your allegations.**

**EDUCATION
PAGE 1**

Date completed _____

Name _____
Last First Middle

Address _____
Street Apt/Unit No.

City State Zip Code Ward (DC) or County (MD or VA)

Telephone _____ (Work) _____ (Home)
_____ (Fax)

Please contact me at ____ work ____ home.

Person to contact if you cannot be reached:

Name _____ Telephone _____

Address _____

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I WISH TO COMPLAIN AGAINST:

**NAME OF
INSTITUTION/SCHOOL:** _____

Address _____

City State Zip Code

Name and title of Principal/President/Administrator/Teacher/Instructor/Other

Telephone number _____

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The following information must be provided for record keeping purposes by all Complainants:

Social security number ____/____/____ Date of birth ____/____/____ Sex ____ M ____ F

Race/ethnic origin _____

**EDUCATION
PAGE 2**

Please mark the basis/protected class below which is the subject of your complaint:

- Race Sex Age Color National Origin
 Religion Disability Marital Status Matriculation
 Personal appearance Sexual orientation Family responsibilities
 Political affiliation Familial status
 Place of residence or business

How do you feel that that you were treated differently:

- Admission or admission fees
 Curriculum
 Program participation
 Sexual harassment
 Restrictions/rules
 Other _____

Date(s) and type of alleged violations (i.e., application to educational institution or program)

Have you tried to resolve this matter with the Respondent, if so please describe below:

Please list any witnesses that can support your allegations of discriminatory treatment:

Describe in detail the incident(s) which 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 you educational services (e.g. denied admission to a school or program because of race).

**EDUCATION
PAGE 3**

If you are claiming disability discrimination, please describe in detail the nature of your disability and if it applies, whether an accommodation was requested of the educational institution. List the date and the individual you notified of your disability.

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REFERRAL DATA:

If you have an attorney please provide the following information:

Name: _____ **Telephone/Fax:** _____

Address: _____

Please indicate how you were referred to this agency i.e., friend/co-worker, EEOC, DOE, telephone book, brochures published by the agency.
