

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

PRE-COMPLAINT QUESTIONNAIRE

PUBLIC ACCOMMODATIONS

*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.**

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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 ESTABLISHMENT: _____

Address _____

City State Zip Code

Name and title of Owner/Manager/Employee/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 _____

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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 Place of residence or business Retaliation

How do you feel that that you were treated differently:

Admission or admission fees
 Crowd capacity
 Personal identification
 Time of event/day
 Credit/Insurance
 Delivery of service
 Complimentary admissions/Guests
 Membership fees/Dues
 Discounts
 Other _____

Date(s) and type of alleged violations (i.e., denial of admission to a place of business or denial of service).

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 the goods and services of a place of public accommodation (e.g. denied right to purchase goods in a drug store because of place of residence).

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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 place of public accommodation. 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, telephone book, brochures published by the agency.
