

MIAMI-DADE COUNTY EQUAL OPPORTUNITY BOARD

Intake Questionnaire

I. General Information

Full Name

Address City State

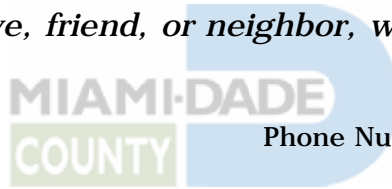
Zip Code

County you live County you work Phone Number

Date of Birth Social Security No.

Please provide the name of a relative, friend, or neighbor, who would know how to reach you:

Name Phone Number



Have you sought assistance about the action you think is discriminatory from any government agency, from your union, an attorney or from any other service?

No Yes (if Yes, complete below)

Name of source of assistant Date

Result

Have you filed a discrimination complaint in the past?

No Yes (if yes, complete below)

Approximate date filed Organizational Charge

Charge Number (if known)

How did find out about this agency?

What was the cause of the discrimination which affected you based upon? (Mark the appropriate basis)

- Race
- Color
- Religion
- Family Leave
- Age
- Sex
- Retaliation
- Marital Status
- Sexual Orientation
- National Origin
- Domestic Violence
- Familial Status
- Handicap

Your sex:
 Male Female

Your Race:

- Black
- Asian/pacific Islander
- American Indian
- White
- Hispanic
- Alaskan National
- National Origin

Marital Status (if marital status complaint) Single Widowed Divorced

Your handicap (please list if handicap complaint)

The most recent date you were allegedly discriminated against (e.g., the date you were discharge etc./) is:

The name (company or government agencies name), address, and phone number of the employer which you are alleging discriminated against you. If you are filling a housing complaint or public accommodation complaint, name the apartment complex, condominium association, or development, public facility, etc.

Name

Address

City

State

Zip Code

Phone Number

The approximate number of persons employed by the employer which you are alleging discriminated against you: If housing, give the approximate number of units, houses in development, etc.

Your date of hire (if employment)

Your present position or position held at time of discriminatory act

What personal harm did you experience? e.g., were you discharge, denied a promotion, etc., refused opportunity to rent or buy, evicted, etc., or denied service?



What reason(s) (if any) were you given for the action taken against you?

The reason you believe that you race, color, sex, religion, national origin, age, handicap, marital status, financial status, sexual orientation, domestic violence and/or retaliation determined the action that was taken against you?

If you have any direct evidence which would support your claim that the action taken against you was because of your race, color, sex, national origin, age, handicap, marital status, sexual orientation, domestic violence, or in retaliation for your engaging in a protected activity, please present it at this time. (Direct evidence can be testimonial or documentary. An example would be a company memo in which it is stated that the company wants to get rid of the older workers)

I have no direct evidence I have direct evidence as follows:

If you know of anyone who was treated differently from your under similar circumstances, please identify by name and job title (if employment). Also identify the person's classification according to your reason for filing the complain. (for example, if you are filling a race complaint, identify what race the person is. Also explain briefly, what person(s) did and how the person(s) was treated differently than you).



Witness(es) to the action

I swear or affirm under penalty or perjury that my answers to the foregoing questions are true and correct

Signature and Date

FOR OFFICE USE ONLY

Intake Notes (081A)