

MIAMI-DADE COUNTY COMMISSION ON HUMAN RIGHTS

111 NW 1st Street, Suite 620

Miami, FL 33128

(305) 375-5272

(305) 372-6017 (fax)

INTAKE QUESTIONNAIRE

Please furnish the following information:

I. *General Information:*

Your name: Mr., Mrs., Ms. (circle one) _____

Your address: _____

_____ (city) (state) (zip code)

The County you live in: _____ The County you work in: _____

Your County Commission District or County Commissioner _____

Home number: (include area code) _____ Cell Number: _____

Email address: _____ Date of birth: _____

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

Name: _____ Phone Number: (include area code) _____

Have you sought assistance about the action you think is discriminatory from any government agency, union, attorney or from any other service? No Yes (if yes, complete below)

Name of source of assistance: _____

Date: _____

Result: _____

Have you filed a discrimination complaint in the past? No Yes (if yes, complete below)

Approximate date filed: _____

Name of company/entity you filed your complaint against. _____

Charge Number (if known) _____

II. Jurisdictional Information

Do you believe any of the following cause(s) of discrimination was/is a factor in your case? (mark the appropriate box(es))

- Race Color Religion National Origin Marital Status Disability
 Age Sex Retaliation Family Leave Familial Status Sexual Orientation
 Domestic Violence Source of Income

What is your Sex? Male Female

What is your race? Black White Bi Racial Asian/Pacific Islander Hispanic
 American Indian Alaskan National

Your National Origin: _____

Your Marital status: Single Married Widowed Divorced

Your Disability (only list if filing a disability complaint) _____

Your income category: -\$10,000 \$10,000-20,000 \$20,000-30,000
 \$30,000-40,000 \$40,000 +

Do you file as "Head of Household" with the IRS? Yes No

What is the most recent date you believe you were discriminated against? _____
(e.g., the date you were terminated, laid off, etc.)

Employment Discrimination

What is the name, address, and phone number of the employer, company, or agency that you are alleging discriminated against you?

Name: _____

Address: _____

(City)

(State)

(Zip Code)

Phone Number: (include area code) _____ Date of hire: _____

What is the approximate number of persons employed by the employer, company, or agency that you are alleging discriminated against you: _____

Position held at time of discriminatory act: _____

If you know of anyone who was treated differently from you 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 complaint. (For example: If you are filing a race complaint, identify the race of the person. Also explain briefly, what the person(s) did and how the person(s) was treated differently than you).

Witness(es) to the action:

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

Signature

Date

FOR OFFICE USE ONLY:

Intake notes: _____
