



**PUBLIC ACCOMMODATIONS DISCRIMINATION
CHARGE QUESTIONNAIRE**

BROWARD COUNTY HUMAN RIGHTS SECTION

115 S. ANDREWS AVENUE, ROOM 427

FORT LAUDERDALE, FLORIDA 33301

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[HTTP://WWW.BROWARD.ORG/HUMANRIGHTS](http://www.broward.org/humanrights)

IMPORTANT NOTICE TO POTENTIAL CHARGING PARTY: Completion of this form is necessary in order for the Human Rights Section (Section) to determine if you have sufficient legal grounds to initiate the filing of a charge of public accommodations discrimination.

Completion and submission of this questionnaire does not constitute the filing of a charge of discrimination.

Upon receipt of the completed questionnaire, we will determine if you have stated sufficient factual allegations to proceed further. If the facts are not sufficient, we will either contact you for further information or notify you of our determination that the facts are not sufficient. If the facts are sufficient, a charge will be prepared for you to sign, notarize and return to the Section for filing and investigation. You must return the signed and notarized charge document so that it is received by the Section within 365 days of the date of the most recent act of alleged discrimination.

When completing this form, please print legibly or use a typewriter.

Please do not write on the back of the page. Use additional sheets if necessary.

1. PERSONAL INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Street/Mailing Address: _____ Apt./Unit # _____

City: _____ County: _____ State: _____ Zip: _____

Phone Numbers: Home: () _____ Work: () _____

Cell: () _____ Email Address: _____

Date of Birth: _____ Sex: Male Female

National Origin/Ethnicity: _____ Do you have a disability? Yes No

How did you hear of our office? _____

PROVIDE THE NAME OF A PERSON WE CAN CONTACT IF WE ARE UNABLE TO REACH YOU:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home: () _____ Other: () _____

2. INFORMATION ABOUT YOUR DISCRIMINATION CLAIM:

What is the name of the Public Accommodations provider that you believe discriminated against you?

Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____ Telephone: _____

INFORMATION ABOUT YOUR DISABILITY: IF YOU ARE CLAIMING DISCRIMINATION BASED ON DISABILITY, PLEASE ANSWER THE FOLLOWING QUESTIONS:

12. DO YOU (OR THE PERSON YOU ARE ASSISTING) HAVE A PHYSICAL OR MENTAL IMPAIRMENT? Yes No

13. WHAT IS THE NAME OF YOUR DISABILITY? HOW DOES YOUR DISABILITY AFFECT OR LIMIT YOUR DAILY LIFE OR WORK ACTIVITIES? (Example: lifting, sleeping normally, breathing normally, pulling, walking, climbing, caring for oneself, working, seeing, hearing, speaking, performing manual tasks, other, etc.)

14. IS YOUR DISABILITY PERMANENT? Yes No If no, how long is your disability expected to persist?

15. DO YOU BELIEVE THAT THE PUBLIC ACCOMMODATIONS PROVIDER KNOWS ABOUT YOUR DISABILITY? Yes No

16. DID YOU REQUEST AN ACCOMODATION BECAUSE OF YOUR DISABILITY? Yes No
If you answered yes, when did you make the request? Was it written or verbal? To whom did you make the request? What was the public accommodations provider's response to your request for an accommodation?

- A. I have been advised by a representative of the Broward County Human Rights Section (Section) that completion of this questionnaire is necessary in order for the Section to determine if I have sufficient legal grounds to initiate the filing of a charge of public accommodations discrimination. I understand that completion and submission of this questionnaire does not constitute the filing of a charge of public accommodations discrimination and that upon receipt and review of this completed questionnaire, the Section will determine if I have stated sufficient factual allegations to proceed with the actual filing of a charge of public accommodations discrimination.
- B. I understand that to be timely filed, a charge of public accommodations discrimination must be signed and received by the Section within 365 days of the date of the most recent act of alleged discrimination.

Under penalty of perjury, I declare that I have read the entire contents of this questionnaire and that my answers and statements contained herein are true and correct.

Signed: _____
Printed Name: _____
Date Signed: _____