



**PUBLIC ACCOMMODATIONS DISCRIMINATION  
COMPLAINT QUESTIONNAIRE**

**HUMAN RIGHTS SECTION**

115 S. ANDREWS AVENUE, ROOM 427  
FORT LAUDERDALE, FLORIDA 33301  
TELEPHONE: (954) 357-6500 FAX: (954) 357-7817 TTY (954) 357-7888

**IMPORTANT NOTICE TO POTENTIAL COMPLAINANT:** 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 complaint of public accommodations discrimination.

**Completion and submission of this questionnaire does not constitute the filing of a complaint 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 complaint will be prepared for you to sign, notarize and return to the Section for filing and investigation. You must return the signed and notarized complaint 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.  
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.)

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

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**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?

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- 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 complaint of housing discrimination. I understand that completion and submission of this questionnaire does not constitute the filing of a complaint of housing 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 complaint of housing discrimination.
- B. I understand that to be timely filed, a complaint of housing discrimination must be signed and received by the Section within 365 days of the date of the most recent act of alleged discrimination.
- C. I have been given assurances by an agent of the Section that pursuant to Broward County's Human Rights Ordinance (Chapter 16½), and applicable Florida Statutes, this Questionnaire will be considered confidential and will not be disclosed (except to the parties to this proceeding, including the place of public accommodations and its legal representative) as long as the case remains open, unless it becomes necessary for the Section to produce the Questionnaire in a formal proceeding. Upon the closing of this case, the Questionnaire may be subject to further disclosure in accordance with Chapter 16½ and Florida's Public Record Act.

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: \_\_\_\_\_