

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 <u>does not</u> 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./Ur	nit #
City:	County:	Stat	te: 2	Zip:
Phone Numbers: Home: ()		Work: <u>(</u>)	
Cell: _()	Email Address:			
Date of Birth:	_ Sex: Male □ F	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 CA	AN CONTACT IF WE ARE UN	ABLE TO REACH Y	ou:	
Name:		Relation	nship:	
Address:	City:		State:	Zip:
Home: ()	Other: ()		
2. INFORMATION ABOUT YOUR DISCRIM	INATION CLAIM:			
What is the name of the Public Accomm	nodations provider that you	u believe discrimi	nated against you	1?
Name:				
Address:				
City:		Zip:		

The	e person named above operates a business, which serves the public. The type of business is:
	An inn, hotel, motel or other establishment providing lodging.
	A restaurant, bar, cafeteria, lunchroom, lunch counter, soda fountain or other facility principally engaged in selling
	food for consumption on the premises.
	A gasoline station.
	A movie theater, performance venue, concert, sports arena, stadium or other place of exhibition or entertainment.
	Other:
3.	WHAT IS THE REASON (BASIS) FOR YOUR CLAIM OF PUBLIC ACCOMMODATIONS DISCRIMINATION?
J	EXAMPLE: Were you denied dining services because of your race? Were you turned down lodging because of your gender? Were you subjected to different terms and conditions? Check the factor(s) below that you believe apply.
1	Note: If your claim is based on disability, please complete questions 12 – 16 located on page 4.
F	Race □ Color □ National Origin □ Sex □ Age □ Religion □ Disability □ Pregnancy □
(Gender Identity/Expression □ Sexual Orientation □ Political Affiliation □ Marital Status □
F	Retaliation □
4	BRIEF STATEMENT REGARDING YOUR DISCRIMINATION CLAIM:
	The most recent act of discrimination took place on: (Month) (Day) (Year)
	(Briefly describe the action that was taken against you that you believe to be discriminatory and why you believe the action was discriminatory. Indicate what harm, if any, was caused to you and/or others in your party or family, as a result of this alleged action. Use additional sheets if necessary. Please do not write on the reverse side of the page.

5.	WHAT REASON(S), IF ANY, DID THE PUBLIC ACCOMMODATIONS PROVIDER GIVE FOR THE ALLEGED DISCRIMINATORY TREATMENT?				
6.	ARE THERE ANY WITNESSES TO THE ALLEGED DISCRIMINATORY INCIDENT(S)? Yes □ No □ If yes, please provide the names, addresses and contact numbers for all persons who have knowledge about the alleged discriminatory treatment and indicate what each person knows about this matter.				
7.	WHAT RELIEF ARE YOU SEEKING IN THIS MATTER OR WHAT WOULD YOU BE WILLING TO ACCEPT TO RESOLVE THIS MATTER IMMEDIATELY?				
8.	ARE YOU WILLING TO PARTICIPATE IN MEDIATION TO SEEK AN EARLY RESOLUTION OF YOUR CLAIM(S)? Yes No				
9.	HAVE YOU SOUGHT ASSISTANCE FROM ANY OTHER AGENCY, ATTORNEY, ETC? Yes □ No □ If yes, please provide the name of the person or organization you spoke with, the date of assistance and the results, if any				
10	. Have you previously filed a complaint with the Human Rights Section or Another agency? Yes □ No □ If yes, when did you file?				
	(Month) (Day) (Year) Complaint No. (if known):				
11	ADDITIONAL COMMENT(S):				

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 \Box No \Box				
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 P	ROVIDER 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?				
questionnaire is necessary in order for the Sec of a complaint of housing discrimination. I und not constitute the filing of a complaint of housing	roward County Human Rights Section (Section) that completion of this tion to determine if I have sufficient legal grounds to initiate the filing lerstand that completion and submission of this questionnaire does not go discrimination and that upon receipt and review of this completed have stated sufficient factual allegations to proceed with the actual			
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.				
S	igned:			
Р	rinted Name:			
D	Pate Signed:			