



**PUBLIC ACCOMMODATIONS DISCRIMINATION
COMPLAINT QUESTIONNAIRE**

Broward County Civil Rights Division
115 South Andrews Avenue, Room A680
Fort Lauderdale, FL 33301
Telephone: (954) 357-7800 FAX: (954) 357-7817 / TDD:(357) 357-6181
<http://www.broward.org/civilrights/welcome.htm>

IMPORTANT NOTICE TO POTENTIAL COMPLAINANT: Completion of this form is necessary in order for the Civil Rights Division (CRD) 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 this 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 and return to CRD for filing and investigation. You must return the signed, notarized complaint form so that it is received by CRD within one (1) year of the date of the most recent act of alleged discrimination.

**When completing this form, please print legibly or use typewriter.
Please do not write on the back of the page. Use additional sheets if necessary.**

PERSONAL INFORMATION:

1. My name is: _____
(First) (Middle Name or Initial) (Last)
2. My date of birth is . _____
3. My gender is and my racial identity is _____
4. I reside at _____
in the City of _____ County of _____
State of _____ Zip Code _____
5. My day time telephone number, including the area code is: _____
6. My evening telephone number, including the area code is: _____
7. The name of a person who will know how to reach me is: _____
8. Their telephone number (including area code) is: _____

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

Name: _____

Address: _____

City: _____ State _____ Zip _____ Telephone No. _____

The person named above operates a business, which serves the public. The business is:

- An inn, hotel, motel or other establishment providing lodging.
- A restaurant, cafeteria, lunchroom, lunch counter, soda fountain or other facility principally engaged in selling food for consumption on the premises.
- A gasoline station.
- A motion picture house, theater, concert hall, sports arena, stadium or other place of exhibition or entertainment.

Please indicate the basis upon which you believe you were discriminated against. (Check and respond only to those that are applicable to your case.)

Race. *If your claim is based on race, what is your race?* _____

Color. *If your claim is based on color, what is your color?* _____

National Origin. *If your claim is based on national origin, what is your national origin?* _____

Sex. *If your claim is based on sex (or gender), what is your sex (gender)?* _____

If your claim is based on sexual harassment, did you report the alleged harassment to the Public Accommodations provider? Yes No

If yes, what actions did the Public Accommodations provider take based upon your report? _____

Age. *If your claim is based on age, what is your age?* _____

Religion. *If your claim is based on religion, what is your religion?* _____

Did you request an accommodation for a religious practice or belief? Yes No

If yes, what was the Public Accommodations provider's response to your request? _____

Familial Status. *If your claim is based on familial status, please indicate the number and ages of your dependent child(ren):* _____

Disability. *If your claim is based on disability, what is your disability?* _____

Marital Status. *If your claim is based on marital status, please indicate whether you are: _____ single; _____ married; _____ divorced; _____ other (please specify: _____)*

Sexual Orientation. *If your claim is based on sexual orientation, what is your sexual orientation?* _____

The most recent act of discrimination took place on _____
(Month) (Day) (Year)

HAVE YOU SOUGHT ASSISTANCE FROM ANY OTHER AGENCY, ATTORNEY, ETC.? Yes No

If so, what is the name of the source of assistance? _____

Date of assistance: _____ Results, if any: _____

HAVE YOU PREVIOUSLY FILED A COMPLAINT WITH CRD or ANOTHER AGENCY ? Yes No

If yes, when did you file: _____ Complaint No. (If known): _____

HOW DID YOU LEARN ABOUT CRD? _____

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- A. I have been advised by a representative of the Civil Rights Division (CRD) that completion of this Questionnaire is necessary in order for the Civil Rights Division 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 discrimination and that upon receipt and review of this completed Questionnaire, CRD will determine if I have stated sufficient factual allegations to proceed with the actual filing of a complaint of discrimination.
- B. I understand that to be timely filed a complaint of discrimination must be received by CRD within one (1) year 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: _____

