BOARD OF COUNTY COMMISSIONERS
CIVIL RIGHTS DIVISION
**PUBLIC ACCOMMODATION SCREENING FORM**

The purpose of this form is to assist the Division in determining whether or not you have a complaint that meets the proper jurisdictional requirements. If you do meet the filing standards, you will be given a questionnaire for additional information.

Name _____ Date _____

Name of Respondent _____

| | | | |
|---|---|---|---|
| Did the discriminatory act take place in Broward County? | Yes _____ | No _____ | Not Sure _____ |
| Did the discriminatory act take place within 180 days? | Yes _____ | No _____ | Not Sure _____ |
| Is the complaint against a public facility? | Yes _____ | No _____ | Not Sure _____ |

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WHAT IS THE BASIS OF YOUR COMPLAINT? *(Please circle)*

RACE COLOR RELIGION SEX NATIONAL ORIGIN

DISABILITY MARITAL STATUS POLITICAL AFFILIATION

RETALIATION SEXUAL ORIENTATION

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WHAT IS THE ISSUE OF YOUR COMPLAINT? *(Please Circle)*

DENIED ACCOMMODATION DENIED SERVICE DENIED ACCESSIBILITY

HARASSMENT DISCRIMINATION IN RENDERING OF SERVICES

Other: _____
(Specify)

*For office use only:*

SCREENING NOTES: _____

_____

_____

_____

Referred by: _____

No Jurisdiction _____

Mailed questionnaire _____

Will Call Back _____

No Discrimination Basis _____

Mailed information _____

_____
Staff Signature