



**PUBLIC ACCOMMODATION
Intake Questionnaire**
 Broward County Civil Rights Division
 115 S. Andrews Avenue, Suite A-680
 Fort Lauderdale, Florida 33301
 Phone 954-357-6050 Fax 954-357-7817

Date _____

Please furnish the following information, all questions should be answered. If you are not sure of an answer, or don't know the answer to a question, write "Not Sure" or "Don't Know" in the space provided. If a question does not apply to your situation, write "N/A" in the space provided. Feel free to ask for clarification regarding any question.

Name: _____ DOB: _____ SSN: _____

Address: _____

(City) (State) (Zip) (Phone)

Please provide information on someone who will know your whereabouts at all times. It is important this section be completed. The Division needs the following information in order to properly process your complaint

Contact Person:

_____	_____	_____	_____
(First)	(Last)	(Relationship)	(Phone)
_____	_____	_____	_____
(Address)	(City)	(State)	(Zip)

May we contact you at work: No _____ Yes _____ Work Phone _____

Have you sought discrimination assistance from a government agency, union, an attorney or other?
 No _____ Yes _____ (if yes, explain). Provide names, dates, and results below:

Have you sought discrimination assistance from a government agency, union, an attorney or other?
 No _____ Yes _____ (if yes, please explain). Provide names, dates, and results below:

Have you filed this complaint with any other Federal, State or Local Government Anti-discrimination Agency?
 No _____ Yes _____ (if yes, complete below)

Name of source assistance _____ Date _____

Results, if any _____

How did you find out about this agency? _____

YOUR DISCRIMINATION IS BASED UPON: (CIRCLE APPROPRIATE BASIS)

Race Color Religion National Origin Marital Status Sex Disability
Age Political Affiliation Retaliation Sexual Orientation

Your Sex (if sex complaint) Male _____ Female _____

Your Race (if race complaint) Black _____ White _____ Asian _____ Other _____

Your National Origin (If national origin complaint) _____

Your disability (if disability complaint) _____

Your religion (list denomination if basis for complaint) _____

Other basis information _____

Name of public accommodation, such as transportation, store, restaurant, etc. that you are alleging discriminated against you:

Name _____

Address _____

(City) _____ (State) _____ (County) _____ (Zip) _____ (Phone Number) _____

Most recent date of harm _____

What personal harm did you experience (e.g. refused service or transportation, etc.)?

What reason(s) (if any) were you given for the action taken against you?

The reason you believe the action of discrimination was taken against you.

Please provide direct evidence which would support your claim that the action taken against you was discriminatory (e.g., a company memo which states that the company want only younger workers, people of one particular race, national origin, etc.)

_____ I have no direct evidence

_____ I have evidence as follows:

Provide names, sex, race, national origin, etc., of person who were treated differently from you under similar circumstances. Explain how each was treated differently from you.

Please provide names and phone numbers of witnesses to the action against you:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

For office use only:

Intake Notes: _____
