

Public Accommodations Complaint Form

Background Information

Please fill in each field to the best of your ability and submit to the CHRC.

1

1. Your Full name and address:

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	Name:	<input type="text"/>	
			Street Address:	<input type="text"/>	
		City:	<input type="text"/>	State:	<input type="text"/>
			Zip Code:	<input type="text"/>	
			Phone:	<input type="text"/>	
			Email:	<input type="text"/>	

The following person always knows where to contact me:

Name:	<input type="text"/>				
Relation to You:	<input type="text"/>				
Street Address:	<input type="text"/>				
Phone:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>

Who is your employer?

Name:	<input type="text"/>
Address:	<input type="text"/>
Phone:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
Unemployed <input type="checkbox"/>	

2. Was the discrimination because of:

2

<input type="checkbox"/>	Race/Color - (name of Race or Color):	<input type="text"/>
<input type="checkbox"/>	Religion - (name of Religion):	<input type="text"/>
<input type="checkbox"/>	National Origin/Ancestry - (name of National Origin or Ancestry):	<input type="text"/>
<input type="checkbox"/>	Sex (<input type="checkbox"/> Male <input type="checkbox"/> Female)	
<input type="checkbox"/>	Age (Date of Birth):	<input type="text"/>
<input type="checkbox"/>	Blindness*	
<input type="checkbox"/>	Handicap (Name of handicap):	<input type="text"/>

**(Persons shall be considered blind only if their central vision acuity is not greater than twenty/two hundred (20/200) in the better eye with corrective lenses, or if their vision is greater than twenty/two hundred (20/200) but is sometimes limited in the field of vision not greater than twenty (20) degrees.)*

3. Who discriminated against you?

	Date of incident	<input type="text"/>
<input type="checkbox"/>	Nightclub	specify <input type="text"/>
<input type="checkbox"/>	Restaurant	specify <input type="text"/>
<input type="checkbox"/>	Recreation	specify <input type="text"/>
<input type="checkbox"/>	School	specify <input type="text"/>
<input type="checkbox"/>	Government Agency (except Federal government)	specify <input type="text"/>
<input type="checkbox"/>	Bank or Lending Agency	specify <input type="text"/>
<input type="checkbox"/>	Stores	specify <input type="text"/>
<input type="checkbox"/>	Other	specify <input type="text"/>

Where did the discrimination take place?

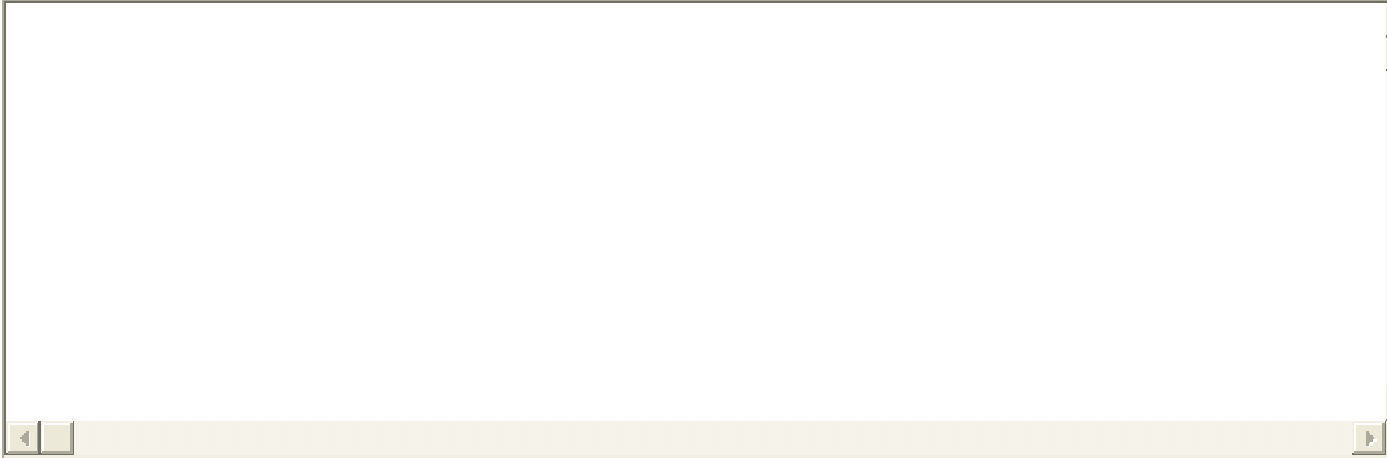
Name:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
Phone:	<input type="text"/>

4. Name(s) and title(s) of person(s) who discriminated (if you know them):

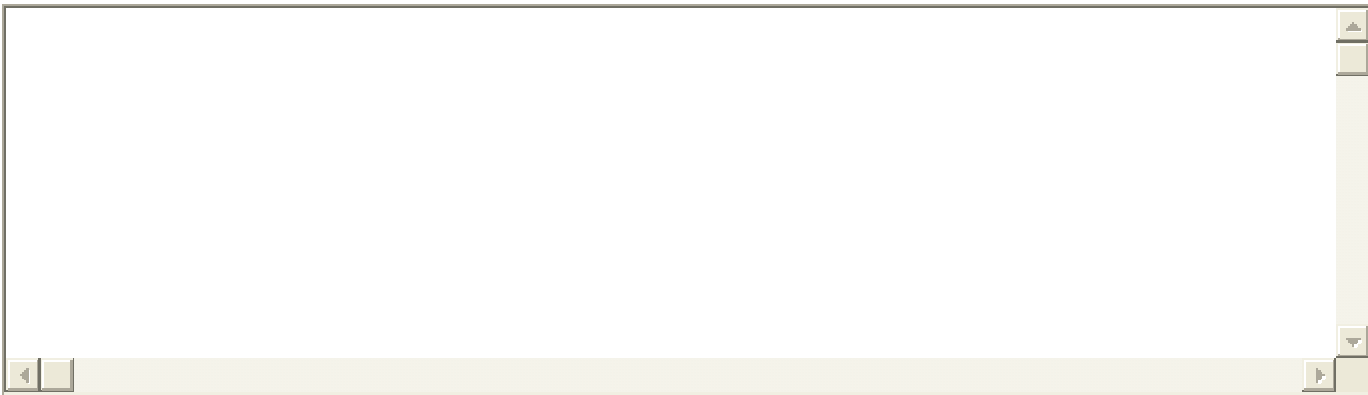
5. Other agencies contacted regarding this complaint:

6. Other action started concerning complaint:

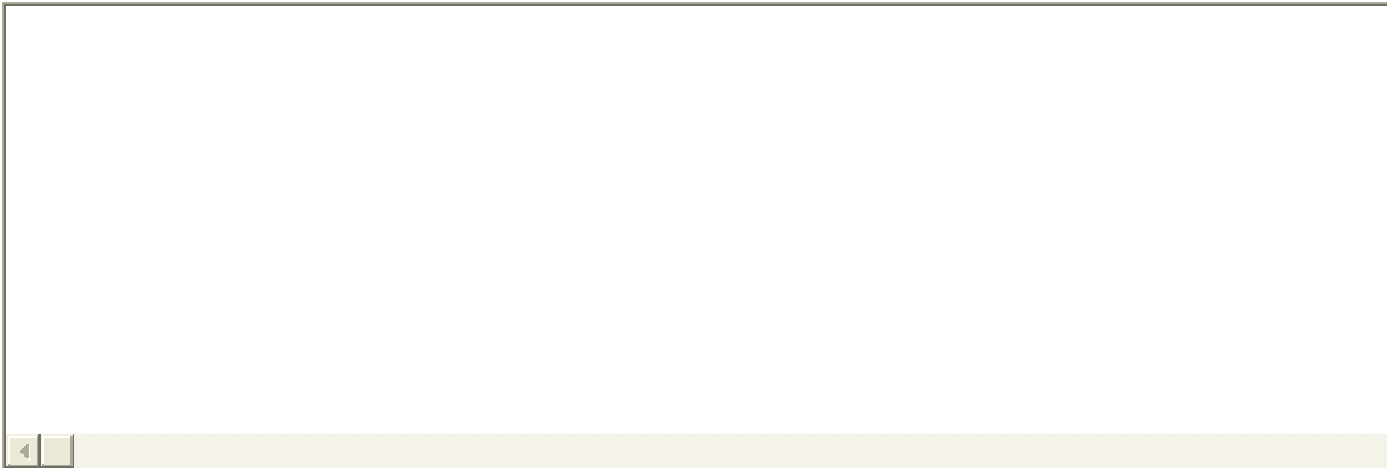
4

A large, empty rectangular text box with a thin black border. At the bottom left corner, there are two small square icons: a left-pointing arrow and a right-pointing arrow. At the bottom right corner, there is a vertical scrollbar with a small square slider.

7. Description of incident. Describe in detail what happened, including dates, places, people involved and why you believe it was discrimination:

A large, empty rectangular text box with a thin black border. At the bottom left corner, there are two small square icons: a left-pointing arrow and a right-pointing arrow. At the bottom right corner, there is a vertical scrollbar with a small square slider.

8. To settle your complaint, what do you want?

A large, empty rectangular text box with a thin black border. At the bottom left corner, there are two small square icons: a left-pointing arrow and a right-pointing arrow. At the bottom right corner, there is a vertical scrollbar with a small square slider.

Please be as complete as possible in answering all of the above questions. The more information you can provide us, the better we can serve you and the many other persons who have filed complaints. Thank you!

Bottom of Form