

PUBLIC ACCOMMODATIONS DISCRIMINATION QUESTIONNAIRE (3)

Minnesota Department of Human Rights
Army Corps of Engineers Centre
190 5th Street East — Suite 700
St. Paul, MN 55101

The Department needs specific information in order to process or investigate a complaint. If the Department cannot locate you, your case may be dismissed. **PLEASE PRINT or TYPE.**

If you have questions or need help completing this document, call Intake at the Department of Human Rights at (612) 296-5663
Toll free in Minnesota 1-800-657-3704
TTY: (612)296-1283
This questionnaire is available in other languages.

1. INFORMATION ABOUT YOU

Name _____ () _____ Home phone number _____

Street / Apt. # _____ City _____ State _____ Zip _____

Race _____ Age _____ Gender _____

If you are under 18, provide the name of your parent or legal guardian and their address:

May we call you at work? Yes No Work phone number () _____ Best time to contact you _____

CONTACT PERSON — someone who will always know how to contact you (if possible, someone who does not live with you)

Name _____ () _____ Home phone number _____

Street / Apt. # _____ City _____ State _____ Zip _____

2. INFORMATION ABOUT THE PUBLIC ACCOMMODATION INVOLVED IN YOUR COMPLAINT

Name of organization _____

Type of organization _____ () _____ Phone number _____

Street address _____ City _____ State _____ Zip _____

Date and time of incident: _____

Do you have an attorney? Yes No If yes, name of attorney _____

Attorney's address _____ Phone number _____

Have you filed with any of the following agencies? Yes No If yes: Date _____ Charge # _____

Minneapolis Civil Rights St. Paul Human Rights U.S. Dept. of Justice Other _____

4. BASIS OF DISCRIMINATION —“I believe I was discriminated against because of my . . . ”
— check only those categories that are the reason for this complaint

- Race: White Black American Indian Asian/Pacific Islander Other _____
- Color _____
- Nationality or country of origin _____
- Religion _____
- Gender: male female
- Marital status: single engaged to be married married divorced separated widowed
- Creed _____
- Disability: name or description _____
How is this a factor? _____
- Sexual orientation: gay lesbian bisexual transsexual heterosexual other _____
- Association with person(s) of another race, religion, national origin, sexual orientation, color, or creed
- Association with person(s) who have a disability
- Complaints about or opposition to discrimination

5. POSSIBLE WITNESSES (use additional sheets if necessary)

1. Name _____

Address _____

Home telephone _____ Work telephone _____ Best time to contact witness _____

What information can this witness provide? _____

2. Name _____

Address _____

Home telephone _____ Work telephone _____ Best time to contact witness _____

What information can this witness provide? _____

3. Name _____

Address _____

Home telephone _____ Work telephone _____ Best time to contact witness _____

What information can this witness provide? _____

6. DOCUMENTS THAT MAY HELP US INVESTIGATE YOUR COMPLAINT — give the name and date of document and explain the information it contains; attach copies, if possible

1. _____

2. _____

3. _____

7. HOW WERE YOU DISCRIMINATED AGAINST? — add additional pages if necessary

1. Who discriminated against you or harassed you?

Name	Title	Address	Telephone number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. When, approximately, did this happen? _____

3. Where did this happen? _____

