

PUBLIC SERVICES DISCRIMINATION QUESTIONNAIRE (4)

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 SERVICE INVOLVED IN YOUR COMPLAINT

Name of organization or government agency _____ () _____
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
- 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
- Public assistance status: type of assistance involved _____

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? _____

4. Why do you think your (race, disability status, gender, religion, etc.) was a factor in this person's behavior toward you?

5. Were others treated more favorably than you? If so, describe that person by name, how they differ from you, and how they were treated more favorably.

6. Did you tell someone about the incident? If yes, please give their names and tell about them. _____

7. What happened? Be specific and provide dates if possible. _____
