

## **Public Accommodations Intake Questionnaire**

If you complete and return this form, you have not filed a formal complaint. OCR staff will review your form, then contact you to finalize the process.

Person Filing Complaint				
Address				
-				
Phones	Home	Work		
F '1	Cell	Message		
E-mail				
How did you hear about OCR?				
Have you filed a complaint with another agency?				
Name of a friend or relative we can contact if we cannot contact or locate you				
Name				
Address				
Phones:				
Who are you filing this complaint against?				
King County Government Agency:				
Name of business:				
Name of proprietor/owner/manager:				
Business Phone(s):				
Address:_				
City:		Zip Code:		

What type of service or product is provided by this business or public agency?
The discrimination was because of my (Check all that apply)
Race (specify)
Color (specify)
Gender: Male Female
National Origin (country?)
Ancestry (country?)
Age (give birthdate)
Religion (specify)
Sexual Orientation Gender Identity
Parental Status
Marital Status: Married Separated Divorced Engaged Widowed Single Cohabiting
Disability (specify)
Use of a service or assistive animal
Retaliation – I made a formal / informal discrimination complaint or testified in an investigation
riefly describe what action(s) were taken against you. (please include specific dates)

Please provide contact information for witnesses to these actions			
Name			
Address			
Phones			
E-mail			
Name			
Address			
Phones			
E-mail			
Name			
Address			
Phones			
E-mail			
I verify that this statement is true to the best of my knowledge.			
Signature	Date		

## Please return your signed Intake Questionnaire to

King County Office of Civil Rights 400 Yesler Way, Room 260 Seattle, WA 98104-2683

Questions about this online form? Contact OCR at 206-296-7592, TTY 206-296-7596, Fax 206-296-4329, or e-mail Civil-Rights.OCR@kingcounty.gov.

We provide reasonable accommodations for people with disabilities.

AVAILABLE IN ALTERNATE FORMATS