



King County

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** _____

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: _____

E-mail _____

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: _____

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**