



King County

Fair Contracting 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: _____

Name of your business: _____

Type of Business _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

How did you hear about OCR?

Name of a friend or relative we can contact if we cannot contact or locate you

Name _____

Address _____

Phones: Home _____ Work _____

Cell _____ Message _____

E-mail: _____

What is the monetary amount of the contract? \$ _____

The Complaint is against (check all that apply):

- King County government agency Contracting agency
 Trade association Bonding company
 Other (explain): _____

The discrimination was because of my (Check all that apply)

- Race (specify) _____
 Color (specify) _____
 Gender Male Female
 Age (birthdate) _____
 Sexual Orientation Gender Identity
 National Origin (specify) _____
 Ancestry (specify) _____
 Religion _____
 Marital Status: Married Separated Divorced Engaged Widowed Single Cohabiting
 Disability _____
 Use of Service/Assistance Animal
 Retaliation – I made a formal/informal discrimination complaint or was an investigation witness

Date you became aware of the discrimination? _____

Most recent date of discrimination? _____

Is the discrimination continuing? _____

Who do you want to file a complaint against? (use additional pages if necessary)

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

E-mail or website address _____

Please provide the name and address of person if different than above.

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

E-mail or website address _____

Please provide the name and address of person if different than above.

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

E-mail or website address _____

Please provide the name and address of person if different than above.

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Please provide contact information for witnesses to these actions. (use additional pages if necessary)

Name: _____

Address _____

Phone(s) _____

Name: _____

Address _____

Phone(s) _____

Name: _____

Address _____

Phone(s) _____

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**