



Prince William County HUMAN RIGHTS COMMISSION

(703) 792-4680

www.pwcva.gov/humanrights

INTAKE QUESTIONNAIRE

1. Type of Alleged Discrimination (Only check those that apply)

- | | |
|--|--|
| <input type="checkbox"/> Race _____
<input type="checkbox"/> Color _____
<input type="checkbox"/> Sex _____ <input type="checkbox"/> Pregnancy
<input type="checkbox"/> National Origin _____
<input type="checkbox"/> Religion _____
<input type="checkbox"/> Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<input type="checkbox"/> Preferred Pronoun _____
<input type="checkbox"/> Sexual Orientation _____
<input type="checkbox"/> Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Disability
<input type="checkbox"/> Genetic Information
<input type="checkbox"/> Retaliation
<input type="checkbox"/> Age (40+) DOB: _____
<input type="checkbox"/> Marital Status
<input type="checkbox"/> Familial Status – Housing only
<input type="checkbox"/> Status as a Veteran |
|--|--|

2. Type of Complaint

(Check the box telling what your complaint is about)

- | | |
|--|--|
| <input type="checkbox"/> Employment
<input type="checkbox"/> Housing
<input type="checkbox"/> Public Accommodation | <input type="checkbox"/> Credit Facilities
<input type="checkbox"/> Education |
|--|--|

3. Issue

(For example: discharge, harassment, denial of service, etc.)

4. Complainant/Charging Party

Name _____
 Address _____
 Telephone (C) _____
 (H) _____
 (W) _____
 Email _____

Employment Cases Only:

5. Position _____
 Rate of Pay: \$ _____
 Dates of employment:
 From _____ To _____

If you are not complainant, what is your relationship

Name _____
 Address _____
 Telephone (C) _____
 (H) _____
 (W) _____
 Email _____

Relationship to complainant:

- Representative

6. Respondent/Organization

Name _____
 Address _____
 Telephone _____
 Number of Employees: 6 or more Fewer than 6

7. Your relationship to Respondent

- | | | |
|---|----------------------------------|---|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Student | <input type="checkbox"/> Borrower |
| <input type="checkbox"/> Visitor/Customer/Invitee | <input type="checkbox"/> Tenant | <input type="checkbox"/> Representative |

11. Why do you believe that you were being discriminated against?

12. List names & contact information for all witnesses that can support your allegations.

Name (First & Last Name)	Contact (Address & Phone Number)
--------------------------	----------------------------------

*Provide a brief summary of what each witness will testify.

13. What remedy are you seeking for the resolution of this complaint?

14. Have you ever filed charges with EEOC, Justice Department, or any other agency for this same complaint?

Yes No Date: _____

15. Alternate contact information (relative, friend, etc.)

Name _____

Address _____

Telephone _____

IMPORTANT: The information you provide will be held confidential. The Respondent will not be notified until you sign a formal complaint.