



Prince William County HUMAN RIGHTS COMMISSION

(703) 792-4680

www.pwcgov.org/humanrights

INTAKE QUESTIONNAIRE

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

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

2. Type of Complaint

(Check the box telling what your complaint is about)

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

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 |

8. Who discriminated against you? (Include name(s), title(s), position(s).) _____

9. Last date of alleged discrimination? _____

10. Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved and dates. Attach copies of any relevant documentation.

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.



RETURN TO:

**Prince William County
Human Rights Commission
15941 Donald Curtis Drive, Suite 125
Woodbridge, VA 22191-4256**

www.pwcgov.org/humanrights

**Telephone Number: (703) 792-4680
Fax Number: (703) 792-6944**