



Confidential Intake Form

*The information requested on this form will help us to help you, the Complainant. The information submitted will determine whether the Human Rights Commission investigates your complaint. Filing with this office does not preclude you from filing with other federal or state agencies. **Please be specific in your responses, and indicate the month, day, and year of the alleged discriminatory action(s).***

Office Use Only:

Jurisdictional

- Yes
- No

Referred to:

Intake by:

Date of Intake:

Intake Obtained by:

- Walk-in
- Phone call
- Email
- Appointment
- Mail
- Other:

1. Complainant Information:

Name

Address

City

State

Zip

Phone

Email

()

2. Respondent/Organization Information:

Name

Address

City

State

Zip

Phone

Email

()

In an employer, number of employees

Individual(s) who discriminated against you

Title

Phone

Title

Phone

3. Type of Discrimination:	4. Type of Complaint:	5. Date of Alleged Discrimination (Must have occurred within 300 days for employment; within 180 days for other complaints):
<input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Marital Status <input type="checkbox"/> National Origin <input type="checkbox"/> Pregnancy/Childbirth <input type="checkbox"/> Race/Skin Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex (includes sexual orientation, transgender status, gender identity, or gender expression)	<input type="checkbox"/> Employment <input type="checkbox"/> Credit <input type="checkbox"/> Housing <input type="checkbox"/> Private Education <input type="checkbox"/> Public Accommodation	 6. Issue (for example, denied access, fired, harassed):

7. If your complaint involves your employment:
Your job title:
Dates of employment:
Do you currently work here: <input type="checkbox"/> Yes <input type="checkbox"/> No

8. Location of alleged discrimination incident:	9. What remedy are you seeking?	10. Have you filed a complaint with another agency?
Area: <input type="checkbox"/> City of Richmond <input type="checkbox"/> Other Location: _____	<input type="checkbox"/> Apology <input type="checkbox"/> Job back <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Local: _____ Date Filed: _____ <input type="checkbox"/> State: _____ Date Filed: _____ <input type="checkbox"/> Federal: _____ Date Filed: _____

11. Are you represented by an attorney?	12. Please indicate any assistance needed:
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name and phone number.	<input type="checkbox"/> Translator (indicate language) <input type="checkbox"/> Other accommodation:

**13. Explain as briefly and clearly as possible what happened and how you were discriminated against.
Use the back of this page if you need more space.**

Signature of Complainant

Date

14. How did you hear about the Office of Human Rights?

- Referral
- Radio Ad
- TV Ad
- Newspaper Ad
- Internet
- Other: _____

IMPORTANT: The information you provide will be kept confidential. Other parties are not notified about your complaint unless and until the assigned investigator determines that the complaint qualifies under the Human Rights Ordinance. Your written and signed authorization is required to begin an investigation. Notification to the Respondent and/or other outside parties will only occur with your signed authorization.

However, in limited circumstances, information provided in this form may be disclosed without your signed consent. If HRO staff believes that you are likely to harm yourself or another person; or if a child or other vulnerable person has been abused or neglected; or if your records are requested by a valid subpoena or court order, then HRC staff may disclose information necessary to protect you or others by contacting law enforcement officers, local agencies, or a physician in such limited circumstances. You can submit this form several ways:

Mail:

Email:

Hand deliver: