alexandriava.gov

OFFICE OF HUMAN RIGHTS

421 King Street, Suite 400
Alexandria, Virginia 22314

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# INTAKE QUESTIONNAIRE FORM

THIS IS NOT A FORMAL COMPLAINT. YOUR COMPLETION OF THIS QUESTIONNAIRE DOES NOT SIGNIFY THAT YOU HAVE FILED A FORMAL COMPLAINT WITH THE ALEXANDRIA OFFICE OF HUMAN RIGHTS. THIS QUESTIONNAIRE IS INFORMATION ONLY.

| **COMPLAINANT INFORMATION** | | |
|---|---|---|
| NAME | DOB | SSN |
| ADDRESS | | |
| CITY | STATE | ZIP |
| PHONE<br>H ( ) W ( ) | CONTACT PERSON PHONE # (IF YOU CANNOT BE REACHED) | |
| **I BELIEVE I HAVE BEEN DISCRIMINATED AGAINST IN THE AREA OF (CHECK ONE)**<br>☐ **EMPLOYMENT** ☐ **HOUSING** ☐ **PUBLIC ACCOMMODATIONS** ☐ **OTHER**_____ | | |
| I BELIEVE I HAVE BEEN DISCRIMINATED AGAINST ON THE BASIS OF MY | | |
| WHEN DID THE ALLEGED DISCRIMINATORY ACT OCCUR? ( MUST BE WITHIN 300 DAYS IF FILING UNDER TITLE VII, 180 DAYS IF FILING UNDER AGE DISCRIMINATION IN EMPLOYMENT ACT, 365 DAYS IF FILING UNDER HOUSING) | | |
| **RESPONDENT INFORMATION** | | |
| NAME/ADDRESS OF COMPANY ( MUST BE WITHIN CORPORATE CITY LIMITS OF ALEXANDRIA)<br>_____<br>_____ | | |
| PRESIDENT/CONTACT PERSON/PHONE<br>( ) | | |
| DATE OF HIRE ( IF APPLICABLE) | POSITION ( IF APPLICABLE) | |

NUMBER OF EMPLOYEES (IF APPLICABLE)

☐ 1-3 ☐ 4 - 14 ☐ 15- 100 ☐ 101- 200 ☐ 201- 500 ☐ 501 +

PLEASE LIST INDIVIDUALS INVOLVED (INCLUDE FULL NAME & TITLE)

| 1. _____ | 2. _____ | 3. _____ |
|---|---|---|

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE ALLEGED DISCRIMINATORY ACTS

**The information you have provided herein is confidential. Respondents are not notified of this initial contact as <u>this is not a formal complaint</u>. This information will be forwarded to an investigator who will contact you to set up a time for you to come into the office talk at length about your situation as to determine if you have grounds for a complaint.**