OFFICE OF HUMAN RIGHTS
123 N. Pitt St., Suite 230
Alexandria, VA 22314

www.alexandriava.gov

Phone: 703.746.3140
Virginia Relay 711

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	EMAIL:
ADDRESS		
CITY	STATE	ZIP
PHONE H ( ) W ( )	**CONTACT PERSON PHONE # (IF YOU CANNOT BE REACHED)**	
I BELIEVE I HAVE BEEN DISCRIMINATED AGAINST IN THE AREA OF (CHECK ONE) ( ) 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 CITY LIMITS OF ALEXANDRIA)*		
PRESIDENT/CONTACT PERSON/PHONE ( )		
DATE OF HIRE *(IF APPLICABLE)*	POSITION *(IF APPLICABLE)*	

NUMBER OF EMPLOYEES (IF APPLICABLE) ( ) 1-3 ( ) 4 - 14 ( ) 15- 100 ( ) 101- 200 ( ) 201- 500 ( ) Unknown		
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 this is not a formal complaint. 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.

The City of Alexandria is committed to compliance with the Americans with Disabilities Act. To request a reasonable accommodation or an alternative format, please e-mail mike.hatfield@alexandriava.gov or call 703.519.3357, Virginia Relay 711.