



King County

Fair Contracting Intake Questionnaire

Office of Civil Rights

**If you complete and return this form, you have not filed a formal complaint.
OCR staff will review your form, then contact you to finalize the process.**

Person Filing Complaint _____

Address _____

Phones: Home _____ Work _____

Cell _____ Message _____

E-mail: _____

Name of your business: _____

Type of Business _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

How did you hear about OCR?

Name of a friend or relative we can contact if we cannot contact or locate you

Name _____

Address _____

Phones: Home _____ Work _____

Cell _____ Message _____

E-mail: _____

What is the monetary amount of the contract? \$ _____

The Complaint is against (check all that apply):

☐ King County government agency ☐ Contracting agency
☐ Trade association ☐ Bonding company
☐ Other (explain): _____

The discrimination was because of my (Check all that apply)

☐ Race (specify) _____
☐ Color (specify) _____
☐ Gender Male Female
☐ Age (birthdate) _____
☐ Sexual Orientation ☐ Gender Identity
☐ National Origin (specify) _____
☐ Ancestry (specify) _____
☐ Religion _____
☐ Marital Status: Married Separated Divorced Engaged Widowed Single Cohabiting
☐ Disability _____
☐ Use of Service/Assistance Animal
☐ Retaliation – I made a formal/informal discrimination complaint or was an investigation witness

Date you became aware of the discrimination? _____

Most recent date of discrimination? _____

Is the discrimination continuing? _____

Who do you want to file a complaint against? (use additional pages if necessary)

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

E-mail or website address _____

Please provide the name and address of person if different than above.

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

E-mail or website address _____

Please provide the name and address of person if different than above.

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

If you are represented by an attorney, please provide contact information:

Name: _____

Address _____

Phones(s) _____

Email _____

What action(s) were taken against you? (check all that apply)

King County Agency or Contractor:

- ☐ Denied contract bid
- ☐ Refused to refer to contracting opportunity
- ☐ Discriminated against you in performance standards required in contract
- ☐ Discriminated against you in other terms or conditions of the contract

Contracting Agency or Trade Association:

- ☐ Discriminated against you with respect to membership rights and privileges
- ☐ Discriminated against you with respect to admission to or participation in a guidance program, business or occupational training program
- ☐ Discriminated against you with respect to a referral of a contract opportunity or assignment of a particular contract

Bonding company:

- ☐ Discriminated in terms and conditions of bonding services

Business entity:

- ☐ Refused to provide reasonable accommodation/modification
- ☐ Retaliated against you for opposing a discriminatory practice
- ☐ Other _____

Briefly describe what action(s) were taken against you. (please include specific dates)

(use additional pages if necessary)

Signature _____ **Date** _____

We provide reasonable accommodations for people with disabilities.
AVAILABLE IN ALTERNATE FORMATS