



## Public Accommodations 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 \_\_\_\_\_

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: \_\_\_\_\_

E-mail \_\_\_\_\_

Who are you filing this complaint against?

Name of proprietor/owner/manager: \_\_\_\_\_

Name of business: \_\_\_\_\_

Business Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

What type of service or product is provided by this business or public agency?

\_\_\_\_\_

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

- ☐ Race (specify) \_\_\_\_\_
- ☐ Color (specify) \_\_\_\_\_
- ☐ Gender: Male Female
- ☐ National Origin (country?) \_\_\_\_\_
- ☐ Ancestry (country?) \_\_\_\_\_
- ☐ Age (give birthdate) \_\_\_\_\_
- ☐ Religion (specify) \_\_\_\_\_
- ☐ Sexual Orientation \_\_\_\_\_ ☐ Gender Identity \_\_\_\_\_
- ☐ Parental Status \_\_\_\_\_
- ☐ Marital Status: Married Separated Divorced Engaged Widowed Single Cohabiting
- ☐ Disability (specify) \_\_\_\_\_
- ☐ Use of a service or assistive animal
- ☐ Retaliation – I made a formal / informal discrimination complaint or testified in an investigation

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

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(use additional pages if necessary)

**Please provide contact information for witnesses to these actions**

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Phones \_\_\_\_\_

E-mail \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Phones \_\_\_\_\_

E-mail \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Phones \_\_\_\_\_

E-mail \_\_\_\_\_

**I verify that this statement is true to the best of my knowledge.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return your signed Intake Questionnaire to**

King County Office of Civil Rights  
401 Fifth Avenue, Suite 215  
Seattle, WA 98104-1818

If you have questions about this Intake Questionnaire, contact OCR at 206-263-2446,  
TTY Relay: 711, Fax 206-296-4329, or e-mail Civil-Rights.OCR@kingcounty.gov.

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