

PUBLIC ACCOMMODATIONS DISCRIMINATION COMPLAINT QUESTIONNAIRE

Palm Beach County Office of Equal Opportunity
215 North Olive Avenue, Suite 130 -- West Palm Beach, FL 33401
Telephone: (561) 355-4883 / FAX: (561) 355-4932 / TDD: (561) 355-1517
<http://www.pbcgov.com/equalopportunity>

IMPORTANT NOTICE TO POTENTIAL COMPLAINANT: Completion of this form is necessary in order for the Office of Equal Opportunity (OEO) to determine if you have sufficient legal grounds to initiate the filing of a complaint of Public Accommodations discrimination. Completion and submission of this Questionnaire does not constitute the filing of a complaint of discrimination. Upon receipt of this completed Questionnaire, we will determine if you have stated sufficient factual allegations to proceed further. If the facts are not sufficient, we will either contact you for further information or notify you of our determination that the facts are not sufficient. If the facts are sufficient, a complaint will be prepared for you to sign and return to OEO for filing and investigation. You must return the signed, notarized complaint form so that it is received by OEO within one (1) year of the date of the most recent act of alleged discrimination.

When completing this form, please print legibly or use typewriter.
Please do not write on the back of the page. Use additional sheets if necessary.

PERSONAL INFORMATION:

1. My name is: _____
(First) (Middle Name or Initial) (Last)

2. My date of birth is _____.

3. My gender is _____ and my racial identity is _____

4. I reside at _____
in the City of _____ County of _____
State of _____ Zip Code _____

5. My day time telephone number, including the area code is: _____

6. My evening telephone number, including the area code is: _____

7. The name of a person who will know how to reach me is: _____
Their telephone number (including area code) is: _____

INFORMATION ABOUT THE PUBLIC ACCOMMODATIONS PROVIDER:

What is the name of the Public Accommodations provider that you believe discriminated against you?

Name: _____

Address: _____

City: _____ State _____ Zip _____ Telephone No. _____

What is the location of the business owned/operated by the above-named Public Accommodations provider?

Name: _____

Address: _____

City: _____ State _____ Zip _____ Telephone No. _____

The person named above operates a business, which serves the public. The business is:

- An inn, hotel, motel or other establishment providing lodging.
- A restaurant, cafeteria, lunchroom, lunch counter, soda fountain or other facility principally engaged in selling food for consumption on the premises.
- A gasoline station.
- A motion picture house, theater, concert hall, sports arena, stadium or other place of exhibition or entertainment.

Please indicate the basis upon which you believe you were discriminated against. (Check and respond only to those that are applicable to your case.)

- Race. *If your claim is based on race, what is your race?* _____
- Color. *If your claim is based on color, what is your color?* _____
- National Origin. *If your claim is based on national origin, what is your national origin?* _____
- Sex. *If your claim is based on sex (or gender), what is your sex (gender)?* _____

If your claim is based on sexual harassment, did you report the alleged harassment to the Public Accommodations provider?
_____ Yes ___ No. If yes, what actions did the Public Accommodations provider take based upon your report?

- Age. *If your claim is based on age, what is your age?* _____
- Religion. *If your claim is based on religion, what is your religion?* _____

Did you request an accommodation for a religious practice or belief? _____ Yes _____ No. If yes, what was the Public Accommodations provider's response to your request? _____

- Familial Status. *If your claim is based on familial status, please indicate the number and ages of your dependent child(ren):*

- Disability. *If your claim is based on disability, what is your disability?* _____

- Marital Status. *If your claim is based on marital status, please indicate whether you are: ___ single; ___ married; ___ divorced; ___ other (please specify: _____)*

- Sexual Orientation. *If your claim is based on sexual orientation, what is your sexual orientation?* _____

- Gender Identity or Expression. _____

The most recent act of discrimination took place on _____
(Month) (Day) (Year)

BRIEF STATEMENT REGARDING YOUR DISCRIMINATION CLAIM.

(Briefly describe the action that was taken against you that you believe to be discriminatory. Indicate what harm, if any, was caused to you or others in party or family, as a result of this alleged action.

Use additional sheets if necessary. Please do not write on the reverse side of the page.

What reason, if any, did the Public Accommodations provider give for the alleged discriminatory treatment?

_Why do you believe that the action taken against you was discriminatory?

The names, addresses and telephone numbers for all persons who have knowledge about the alleged discriminatory treatment are listed below. I have also given a summary of what each person knows about this matter.

WHAT RELIEF ARE YOU SEEKING IN THIS MATTER?

WHAT WOULD YOU BE WILLING TO ACCEPT TO RESOLVE THIS MATTER IMMEDIATELY?

ARE YOU WILLING TO PARTICIPATE IN MEDIATION TO SEEK AN EARLY RESOLUTION OF YOUR CLAIM(S)?

----- Yes. ----- No.

HAVE YOU SOUGHT ASSISTANCE FROM ANY OTHER AGENCY, ATTORNEY, ETC.?

If so, What is the name of the source of assistance? _____

Date of assistance: _____ Results, if any: _____

HAVE YOU PREVIOUSLY FILED A COMPLAINT WITH OEO or ANOTHER AGENCY ? _____ Yes _____ No.

If yes, when did you file: _____ Complaint No. (If known): _____

- A. I have been advised by a representative of the Palm Beach County Office of Equal Opportunity (OEO) that completion of this Questionnaire is necessary in order for the Office of Equal Opportunity to determine if I have sufficient legal grounds to initiate the filing of a complaint of Public Accommodations discrimination. I understand that completion and submission of this Questionnaire does not constitute the filing of a complaint of discrimination and that upon receipt and review of this completed Questionnaire, OEO will determine if I have stated sufficient factual allegations to proceed with the actual filing of a complaint of discrimination.
- B. I understand that to be timely filed a complaint of discrimination must be received by OEO within one (1) year of the date of the most recent act of alleged discrimination.

Under penalty of perjury, I declare that I have read the entire contents of this Questionnaire and that my answers and statements contained herein are true and correct.

Signed: _____

Printed Name: _____

Date Signed: _____

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(Continuation Sheet)