

# 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.co.palm-beach.fl.us>

**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?* \_\_\_\_\_

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): \_\_\_\_\_

HOW DID YOU LEARN ABOUT OEO? \_\_\_\_\_

- 
- 
- 
- 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: \_\_\_\_\_

