



Intake Questionnaire

Thank you for filling out this Intake Questionnaire from the Seattle Office for Civil Rights (SOCR). This form provides us with information we can use to help us serve you. **It is not a formal complaint.** Once we receive your completed questionnaire, we will review it and then contact you for more information.

To avoid delays in processing, please submit only one Intake Questionnaire to SOCR (either by mail, online, or in person) regarding the same matter.

First Name _____ Last Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip Code _____ County _____

Which phone numbers should we use to contact you? (Please check your preferred number.)

Home _____ Work _____ Cell _____

Email address _____

How did you hear about SOCR? _____

Do you require language interpretation? _____ If yes, what kind? _____

Do you require sign language interpretation? _____ If yes, what kind? _____

Who can we contact if we are unable to reach you? _____

Daytime phone _____ Relationship to you _____

I believe I have been discriminated against in:

- Employment
- Housing
- Public Accommodation
- Fair Contracting
- Real Estate

I believe I have been discriminated against because of my:

- | | |
|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Political Ideology |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Race |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Use of a Section 8 voucher |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Use of a service animal |
| <input type="checkbox"/> Parental Status | <input type="checkbox"/> Not sure |

What employer, housing provider, business, organization, or City of Seattle Department do you believe discriminated against you?

Name: _____

Address _____

City _____ State _____ Zip Code _____ County _____

Phone Number _____

Name of the person(s) whom you believe discriminated against you: _____

When did this occur? _____

Where did this occur? _____

What happened to you? How do you feel you were discriminated against? (1,000 characters max.)

Have you tried to resolve the issue through a grievance process, due process hearing, or some other method? _____ If yes, what type? _____

If yes, what is the status of that process? _____

Have you filed the same complaint with anyone else? _____ If yes, date filed _____

If yes, what is the current status of the complaint? _____

If employment related, how many employees does this business have? _____

If housing related, how many units does the building have? _____

Accommodations for people with disabilities provided upon request.
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