



BACKGROUND FORM

(THIS IS NOT A COMPLAINT)

A. Individual's Information

1. Name: _____
Address: _____
City: _____ State _____ Zip Code: _____
Telephone Numbers: Home () _____ Other () _____
E-mail: _____

2. Contact Person – List a **person who will be able to contact you** if our office is unable to reach you. **Choose a person who has an address different from yours.** (If you do not provide this information and the Commission is unable to locate you, your case may be dismissed)

Name of Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code _____
Telephone Numbers: Home () _____ Other () _____

B. Statistical Information: The information you provide is required, in part, by Federal rules* and will be used to monitor and assess our progress in achieving our equity goals, such as improving our outreach.

- 1. *Number of people in your household: _____
- 2. *Your Annual Income: __Under \$25,000 __\$25,000-\$49,999 __\$50,000-\$74,999 __Over \$75,000
- 3. Your Gender: _____
- 4. Your Date of Birth _____
- 5. Your Race/Ethnicity:

Black/African American__ Hispanic/Latino/Latina/Latinx__ Asian__ White__
American Indian/Alaskan Native__ Native Hawaiian/Other Pacific Islander__
Black/African American & White__ Hispanic/Latino/Latina/Latinx & White__ Asian & White__
Other Multi-Racial (Please provide): _____

C. Other Information

- 1. Describe how you learned about the Commission on Human Relations: _____

- 2. List any other agencies (if any) at which you filed this same complaint. _____

D. Information About Respondent (the party you are complaining about) --- Provide the following information about the person(s) or business which you believe discriminated against you ("Respondent").

1) Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number () _____

2) If the Respondent has a **home office or headquarters** other than at the address listed above, provide the address and telephone number for that location:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number () _____

E. Information about Your Claim/s

1) Check (x) **each type of discrimination** you believe is involved:

() Race _____ () Color _____

() Marital Status _____ () Age (over 40) _____

() National Origin _____ () Source of Income _____

() Ancestry _____ () Parental Status _____

() Sexual Orientation _____ () Religion _____

() Disability _____ () Military Discharge Status _____

() Sex _____ () Gender Identity _____

Check if:

() sexual harassment or

() pregnancy-related

() Retaliation

() Retaliation (Under Hotel Workers Ordinance)

() Bodily Autonomy Ordinance (employment & housing only)

2) Briefly describe **how Respondent learned about each** of the categories you listed above: _____

3) **Date of each discriminatory incident:** _____

4) Briefly describe the **actual incident(s)** of discrimination you are claiming (**include all relevant dates in chronological order**):

a. Date: _____ **What happened?**

b. Date: _____ **What happened?**

c. Date: _____ **What happened?**

