



HUMAN RIGHTS COMMISSION

INTAKE FORM

Date: _____ Time: _____ Intake By: _____

[Contacted by Phone/Email/In Person.]

Name: _____
Address: _____
Email: _____
Telephone Number(s): Home: _____ Work: _____ Cell: _____

Respondent's Name/Organization: _____
Address: _____
Email: _____
Telephone Number(s): Home: _____ Work: _____ Cell: _____

FOR HOUSING DISCRIMINATION:
Address of Property: _____
Number of Units (if known): _____
Name of Owner: _____ Telephone #: _____
Name of Managing Agent: _____ Telephone #: _____

Inquiry Type: () General Information () Report of possible discrimination

Discrimination Type: () Housing () Public Accommodation
() Education () Employment

Protected Class: () Race, color () National Origin () Age
() Religion () Disability () Marital Status
() Source of Income () Retaliation () Military Status
() Sex () Gender () Family Status
() Sexual Orientation () Gender Identity

Race/Ethnicity (please check all that apply):

- American Indian/Alaska Native Asian Black or African-American
 - White Native Hawaiian or Other Pacific Islander
 - Hispanic or Latino Not Hispanic or Latino
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Description of Issue: _____

Action Taken: _____

No Action Taken Because: _____

Follow-up/Intake Scheduled For: _____ at _____
Date Time