



OFFICE OF HUMAN RIGHTS

123 N. Pitt St., Suite 230

Alexandria, VA 22314

www.alexandriava.gov

Phone: 703.746.3140

Virginia Relay 711

INTAKE QUESTIONNAIRE FORM

THIS IS NOT A FORMAL COMPLAINT. YOUR COMPLETION OF THIS QUESTIONNAIRE DOES NOT SIGNIFY THAT YOU HAVE FILED A FORMAL COMPLAINT WITH THE ALEXANDRIA OFFICE OF HUMAN RIGHTS. THIS QUESTIONNAIRE IS INFORMATION ONLY.

COMPLAINANT INFORMATION		
NAME	EMAIL:	Where did you hear about us? <input type="checkbox"/> Online <input type="checkbox"/> Friend <input type="checkbox"/> EEOC <input type="checkbox"/> Other organization
ADDRESS		
CITY	STATE	ZIP
PHONE H () W ()	ALTERNATE CONTACT PHONE #	
I BELIEVE I HAVE BEEN DISCRIMINATED AGAINST IN THE AREA OF (CHECK ONE)		
() EMPLOYMENT () HOUSING () PUBLIC ACCOMMODATIONS () OTHER		
I BELIEVE I HAVE BEEN DISCRIMINATED AGAINST ON THE BASIS OF MY		
WHEN DID THE ALLEGED DISCRIMINATORY ACT OCCUR? <i>(MUST BE WITHIN 300 DAYS IF FILING UNDER TITLE VII, 180 DAYS IF FILING UNDER AGE DISCRIMINATION IN EMPLOYMENT ACT, 365 DAYS IF FILING UNDER HOUSING)</i>		
RESPONDENT INFORMATION		
NAME/ADDRESS OF COMPANY <i>(MUST BE WITHIN CITY LIMITS OF ALEXANDRIA)</i>		
PRESIDENT/CONTACT PERSON/PHONE ()		
DATE OF HIRE <i>(IF APPLICABLE)</i>	POSITION <i>(IF APPLICABLE)</i>	

NUMBER OF EMPLOYEES (IF APPLICABLE)

() 1-3 () 4 - 14 () 15- 100 () 101- 200 () 201- 500 () Unknown

PLEASE LIST INDIVIDUALS INVOLVED (INCLUDE FULL NAME & TITLE)

1.	2.	3.

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE ALLEGED DISCRIMINATORY ACTS

The information you have provided herein is confidential. Respondents are not notified of this initial contact as this is not a formal complaint. This information will be forwarded to an investigator who will contact you to set up a time for you to come into the office and discuss your situation to determine if you have grounds for a complaint.

For reasonable disability accommodation, contact miladis.martinez@alexandriava.gov or call 703-746-3140, Virginia Relay 711.