



CONFIDENTIAL INTAKE QUESTIONNAIRE

DATE: _____

Please answer the following questions, telling us briefly why you feel you have been a victim of discrimination.

NAME: _____

(First)

(Middle Initial)

(Last)

ADDRESS: _____ PHONE: (____) _____

CITY: _____ STATE: _____ ZIP: _____

What action was taken against you that you believe to be discriminatory? What harm, if any, was caused to you or others in your situation as a result of that action? (Use reverse side if more space is required).

What type of complaint is this?

Housing _____ Employment _____ Public Accommodations (Business) _____

Public Accommodations (City of Tulsa) _____ Credit _____ Other _____

Wrongful arrest (due to discrimination) _____

Do you believe this action was taken against you based on:

Race _____ Religion _____ Age _____ Retaliation _____

Sex _____ National Origin (place of birth) _____ Color _____ Other _____

I was discriminated against by:

Owner _____ Manager _____ Employer _____ Union _____ Public Accommodations _____
(Business)

Employment agency _____ Law enforcement _____ City/State/Federal Agency _____ Other
(specify) _____

Name: _____

Address: _____

CITY, STATE, ZIP CODE: _____ DATE OF INCIDENT: _____

OFFICE USE ONLY:

CONTRACT AMOUNT: _____ **DATE:** _____