

ARIZONA ATTORNEY GENERAL'S OFFICE

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ATTORNEY GENERAL
www.azag.gov



CIVIL RIGHTS INTAKE
QUESTIONNAIRE

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(Please type or print legibly in ink. You may use additional paper to complete your answers to the following questions.)

1. YOUR NAME AND ADDRESS

Home Phone:
Business Phone:

2. NAME AND ADDRESS OF THE PERSON OR BUSINESS AGAINST WHOM YOU ARE COMPLAINING.

Phone:
Fax:

3. PLEASE INDICATE WHICH OF THE FOLLOWING CATEGORIES APPLIES TO YOUR COMPLAINT AGAINST THE PERSON OR BUSINESS LISTED IN #2 ABOVE. CIRCLE ALL AREAS THAT YOU BELIEVE APPLY TO YOUR SITUATION.

A. Employment

- i. Race
- ii. Color
- iii. National Origin
- iv. Religion
- v. Sex/Gender (includes Pregnancy, Sexual harassment)
- vi. Age
- vii. Disability
- viii. Retaliation
- ix. Genetic Information

B. Housing

- i. Race
- ii. Color
- iii. National Origin

- iv. Religion
- v. Sex/Gender
- vi. Disability
- vii. Familial Status (Pregnant or children under age 18)
- viii. Retaliation

C. Public Accommodations

- i. Race
- ii. Color
- iii. Religion
- iv. Sex
- v. National Origin
- vi. Ancestry
- vii. Disability
- viii. Retaliation

E. Voting

- i. Race
- ii. Color
- iii. Religion
- iv. Sex
- v. National Origin
- vi. Ancestry
- vii. Disability

4. WHEN DID THE ACT OR INCIDENT YOU ARE COMPLAINING ABOUT TAKE PLACE?

First time: _____

Last time: _____

Continuous: (Yes or No.)

5. THOROUGHLY EXPLAIN WHAT HAPPENED TO YOU. STATE WHAT HAPPENED, WHEN IT HAPPENED, THE NAMES OF PEOPLE INVOLVED, NAMES OF WITNESSES, AND ANY OTHER INFORMATION. PLEASE TELL YOUR STORY OF WHAT HAPPENED TO YOU FROM THE BEGINNING TO THE END. ALSO, PLEASE ATTACH TO THIS QUESTIONNAIRE ANY DOCUMENTS THAT WILL HELP EXPLAIN WHAT HAPPENED TO YOU.

6. HAVE YOU FILED A COMPLAINT WITH ANY OTHER FEDERAL, STATE OR LOCAL AGENCY TO COMPLAIN ABOUT THIS DISCRIMINATION? IF THE ANSWER IS YES, PLEASE STATE THE NAME AND ADDRESS OF THE AGENCY.

7. DO YOU HAVE AN ATTORNEY? IF THE ANSWER IS YES, PLEASE TELL US THE NAME AND ADDRESS OF YOUR ATTORNEY.