

Interview Date:	Processing Time: :HR :MIN
Approval:	Action Taken:
Interviewer:	Computer Entry:

PRE-COMPLAINT QUESTIONNAIRE - RALPH CIVIL RIGHTS ACT

The information requested on this form will help us to help you. There is no guarantee that the information submitted will constitute a basis for filing a formal complaint. Please check or answer only those questions that apply.

PLEASE PRINT			DATE		
NAME (First) (Middle) (Last)			SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		AGE
ADDRESS (Number and Street) (Apt. #) (City) (County) (ZIP Code)					
TELEPHONE NUMBERS AND AREA CODES HOME () (Ext.)		DO YOU PREFER TO BE CONTACTED AT: <input type="checkbox"/> HOME <input type="checkbox"/> WORK			
WORK ()		PREFERRED TIME		PREFERRED DAYS	
NAME OF PERSON TO CONTACT IF YOU CANNOT BE REACHED			TELEPHONE NUMBER ()		

1. I WISH TO COMPLAIN AGAINST THE FOLLOWING PERSON:

NAME		TITLE	TELEPHONE NUMBER ()
ADDRESS (Number and Street)		(City)	(County) (Zip Code)
LOCATION OF ALLEGED INCIDENT (Number and Street)		(City)	(County) (Zip Code)
DATE OF THE ALLEGED INCIDENT: _____			

2. I BELIEVE I WAS DISCRIMINATED AGAINST BECAUSE OF MY:

RACE COLOR POSITION IN A LABOR DISPUTE SEX SEXUAL ORIENTATION AGE
 RELIGION _____ (Please Specify) DISABILITY _____ (Please specify) POLITICAL AFFILIATION _____ (Please specify)
 NATIONAL ORIGIN/ANCESTRY _____ (Please specify) OTHER _____ (Please specify)

3. WERE THE ACTS OR THREATS OF VIOLENCE RELATED TO YOUR:

EMPLOYMENT HOUSING OTHER _____ (Please specify)

4. HAVE YOU REPORTED THESE INCIDENTS TO ANYONE (e.g., civil agency, government agency, the police, etc.)? YES* NO

*IF "YES," GIVE NAME	TELEPHONE NUMBER ()
ADDRESS (Number and Street) (City) (Zip Code)	
CONTACT PERSON	WHAT HAS THIS PERSON DONE FOR YOU ON THIS PROBLEM?
ANY ACTION TAKEN? (Please explain.) _____ _____	

5. LIST THE NAMES AND TELEPHONE NUMBERS (IF POSSIBLE) OF WITNESSES YOU FEEL COULD PROVIDE EVIDENCE IN YOUR SUPPORT:

NAME	HOME TELEPHONE	WORK TELEPHONE
	()	()
	()	()
	()	()
	()	()
	()	()

6. DESCRIBE THE WAYS YOU HAVE BEEN INJURED BY THE INCIDENT. PLEASE ITEMIZE MONEY DAMAGES. (For example, time lost from work, etc.)

7. DESCRIBE IN DETAIL WHAT HAPPENED, INCLUDING DATES, PLACES, NAMES OF PEOPLE INVOLVED AND ANY SPECIFIC STATEMENTS YOU CAN RECALL. (Use extra sheets of paper if necessary.)

8. IF AN INVESTIGATION PROVES YOU WERE DISCRIMINATED AGAINST, WHAT REMEDY ARE YOU SEEKING?

9. DO YOU PLAN TO TAKE THIS MATTER TO COURT? YES NO UNDECIDED

DO YOU HAVE AN ATTORNEY? YES NO

NAME OF ATTORNEY	TELEPHONE NUMBER ()
ADDRESS (Number and Street)	(City) (Zip Code)

10. I LEARNED ABOUT THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING FROM: *(Be specific)*

11. PERSONAL DATA:

RACE/ETHNICITY (Check box that best describes) <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander (specify) _____		PRIMARY LANGUAGE _____ -
<input type="checkbox"/> African-American <input type="checkbox"/> African – Other <input type="checkbox"/> Caucasian (non-Hispanic) <input type="checkbox"/> Hispanic (specify) _____		
SOCIAL SECURITY NUMBER: _____ <small>(The Federal Privacy Act of 1974 prohibits a state government agency from requiring disclosure of an individual's Social Security Number. Disclosure of your Social Security Number is voluntary.)</small>	DATE OF BIRTH ____/____/____	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female

DO NOT WRITE IN THIS AREA
INTERVIEWER'S NOTES

Complainant's assertions:

What does Complainant say will be the Respondent's position?

Comparative data/relevant information:

Complaint taken for investigation: Yes ___ No ___

If taken, additional remedy information:

If not taken, rationale:

Complainant advised of statute of limitations? Yes ___ No ___

Date statute runs: _____

Complainant advised of other agencies? Yes ___ No ___

FOR OFFICIAL USE ONLY

DFEH CODE: LAW ___ BASIS ___ ACT ___ REJECT ___ PUBLIC ___