

BUSINESS DISCRIMINATION QUESTIONNAIRE

7. INFORMATION ABOUT THE BUSINESS INVOLVED IN YOUR COMPLAINT

Name of company or organization _____ Phone number (____) _____

Street address _____ City _____ State _____ Zip _____

Address of headquarters _____ (____) _____

Street _____ City _____ State _____ Zip _____

Name and title of chief executive _____

Were you an independent contractor? Yes No

Do you have an attorney? Yes No If yes, name of attorney: _____

Attorney's address _____ Phone number (____) _____

7a. YOUR HISTORY WITH THE BUSINESS INVOLVED IN YOUR COMPLAINT

Applied or bid, but not accepted. Date applied ____ / ____ / ____ Date denied ____ / ____ / ____

Acceptance date ____ / ____ / ____

Still under contract? Yes No

If no, who terminated the contract? _____

Date effective ____ / ____ / ____ Reason given _____