

PUBLIC ACCOMMODATIONS DISCRIMINATION QUESTIONNAIRE

7. INFORMATION ABOUT THE PUBLIC ACCOMMODATION INVOLVED IN YOUR COMPLAINT

Name of organization

Type or organization

Phone number (_____) _____

Street address

City

State

Zip

Date and time of incident: _____

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

Attorney's address _____ Phone number (_____) _____

Have you filed with any of the following agencies? Yes No If yes: Date ____ / ____ / ____ Charge # _____

U.S. Dept. of Justice State Department of Human Rights Other _____