



**CITY OF CHARLOTTESVILLE
OFFICE OF HUMAN RIGHTS
CONFIDENTIAL INTAKE QUESTIONNAIRE**

DATE SUBMITTED

THIS IS NOT A FORMAL COMPLAINT. YOUR COMPLETION OF THIS QUESTIONNAIRE DOES NOT SIGNIFY THAT YOU HAVE FILED A FORMAL COMPLAINT WITH THE CHARLOTTESVILLE OFFICE OF HUMAN RIGHTS. THIS QUESTIONNAIRE IS FOR INFORMATION ONLY. IF YOU HAVE QUESTIONS OR NEED ASSISTANCE COMPLETING THIS FORM, PLEASE CONTACT THE OFFICE OF HUMAN RIGHTS BY PHONE AT (434) 970-3023 OR BY EMAIL AT HUMANRIGHTS@CHARLOTTESVILLE.GOV, AND A STAFF PERSON WILL BE HAPPY TO ASSIST YOU.

WHERE DID YOU HEAR ABOUT US?	
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1. PLEASE PROVIDE INFORMATION ABOUT YOURSELF.		
NAME:	PRONOUNS:	
MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE: ()	EMAIL:	

2. PLEASE PROVIDE INFORMATION ABOUT THE PERSON OR GROUP YOU FEEL DISCRIMINATED AGAINST YOU.		
NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE: ()	EMAIL:	

3. TYPE OF INQUIRY (PROTECTED ACTIVITY)
<input type="checkbox"/> CREDIT <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> HOUSING <input type="checkbox"/> PRIVATE EDUCATION <input type="checkbox"/> PUBLIC ACCOMMODATION

4. DATE OF ALLEGED DISCRIMINATION (DATE THE INCIDENT OCCURRED) <ul style="list-style-type: none"> ▪ HOUSING INCIDENTS MUST BE REPORTED WITHIN 365 DAYS. ▪ ALL OTHER INCIDENTS MUST BE REPORTED WITHIN 180 DAYS. 	____ / ____ / ____ MM DD YYYY
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5. TYPE OF DISCRIMINATION (PROTECTED BASIS)
I BELIEVE I HAVE BEEN DISCRIMINATED AGAINST BASED ON MY _____

6. PLEASE PROVIDE A BRIEF DESCRIPTION OF THE ALLEGED DISCRIMINATORY ACTS.

WHAT HAPPENS NEXT?

THE INFORMATION YOU HAVE PROVIDED HEREIN IS CONFIDENTIAL. RESPONDENTS ARE NOT NOTIFIED OF THIS INITIAL CONTACT AS THIS IS NOT A FORMAL COMPLAINT. THIS INFORMATION WILL BE FORWARDED TO A STAFF PERSON WHO WILL CONTACT YOU TO SET UP A TIME FOR YOU TO DISCUSS YOUR SITUATION AND NEXT STEPS.

FOR REASONABLE ACCOMMODATION FOR A DISABILITY, CONTACT HUMANRIGHTS@CHARLOTTESVILLE.GOV OR CALL (434) 970-3023.

YOU CAN SUBMIT YOUR CONFIDENTIAL INTAKE QUESTIONNAIRE IN ANY OF THE WAYS LISTED BELOW.

MAIL	OFFICE OF HUMAN RIGHTS CITY OF CHARLOTTESVILLE PO BOX 911 CHARLOTTESVILLE, VA 22902
EMAIL	HUMANRIGHTS@CHARLOTTESVILLE.GOV
HAND-DELIVERY	OFFICE OF HUMAN RIGHTS 507 EAST MAIN STREET THE OFFICE IS LOCATED ON THE DOWNTOWN MALL NEXT TO THE POST OFFICE. PARKING IS AVAILABLE IN THE MARKET STREET PARKING GARAGE. PLEASE CALL 434-970-3023 AHEAD OF YOUR VISIT TO CONFIRM THAT SOMEONE WILL BE AVAILABLE TO RECEIVE YOUR INTAKE QUESTIONNAIRE OR TO MAKE OTHER ARRANGEMENTS. YOU MAY ALSO HAND-DELIVER YOUR INTAKE QUESTIONNAIRE TO THE CITY MANAGER'S OFFICE, WHICH IS LOCATED ON THE 2 ND FLOOR OF CITY HALL.