



PRE-COMPLAINT QUESTIONNAIRE - PUBLIC ACCOMODATION

The information requested on this form will assist the Office of Equity, Community and Human Rights in helping you. There is no guarantee that the information submitted will result in an investigation. Please check or answer only those questions that apply.

(Attach additional sheet if necessary, and identify the question answered)

PLEASE PRINT

Date:	Full Name: (First-Middle-Last)	Primary E-Mail Address:
Present Address (Street, Apt. Number)	City	State & ZIP Code
I prefer to be contacted by telephone at: <input type="checkbox"/> Work <input type="checkbox"/> Primary/Home Time:	Work Phone Number	Primary/Home Phone Number
Full Name of a person who would know how to reach you:	Relationship	Telephone Number
I wish to complain against: (State full legal name of the person, place of public accommodation, or organization that you believe discriminated against you in public accommodations)		
Address	City	State & ZIP Code
Name of Owner or Manager	Other Contact	Telephone Number

QUESTIONNAIRE:

1. Type of Person, place of public accommodation, organization, agency, etc. that you believe discriminated against you. (Check appropriate box(s))					
<input type="checkbox"/> Educational Institution __Public or __Private	<input type="checkbox"/> Clinic	<input type="checkbox"/> Cocktail Lounge	<input type="checkbox"/> Grocery Store/Supermarket	<input type="checkbox"/> Health Club	
<input type="checkbox"/> Hospital	<input type="checkbox"/> Hotel/Motel/Restaurant	<input type="checkbox"/> Newspaper/written Communication	<input type="checkbox"/> Religious Organization	<input type="checkbox"/> Retail Establishment	
<input type="checkbox"/> Owner, Manager, Agent or Employee of a place of Public Accommodation.			<input type="checkbox"/> Other (specify)		
2. The City of Champaign, Office of Equity, Community and Human Rights, only has jurisdiction over these categories listed below. By law, no other category can be investigated. Please check which category(ies), if any, apply(ies) to your situation.					
<input type="checkbox"/> Age	<input type="checkbox"/> Color	<input type="checkbox"/> Creed	<input type="checkbox"/> Family Responsibilities	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Matriculation
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Personal Appearance	<input type="checkbox"/> Political Affiliation	<input type="checkbox"/> Prior Arrest or Conviction Record	<input type="checkbox"/> Source of Income	<input type="checkbox"/> Sex
<input type="checkbox"/> Physical or Mental Disability (Please specify):	<input type="checkbox"/> National Origin or Ancestry (Please specify):	<input type="checkbox"/> Religion (Please specify):		<input type="checkbox"/> RACE (Please specify):	
<input type="checkbox"/> Retaliation – for having assisted in an investigation of discrimination or for openly opposing unlawful discrimination based upon any of categories listed above.					
If you checked physical or mental disability(s), please explain how the Respondent t became aware of your disability(s).					
3. Describe the action(s) taken against you. Include the date(s) of each action and time(s).					
<input type="checkbox"/> Denied or refuse full, equal employment of a facility of facilities					Date and Time:

<input type="checkbox"/> Subjected to discriminatory publication, circulation, mail or any other kind of communication.	Date and Time:
<input type="checkbox"/> Lack of parking for the disabled	Date and Time:
<input type="checkbox"/> Inaccessible entrance	Date and Time:
<input type="checkbox"/> Inaccessible restrooms	Date and Time:
<input type="checkbox"/> Refusal to provide an interpreter	Date and Time:
<input type="checkbox"/> Denied or refused full service of a facility or facilities	Date and Time:
<input type="checkbox"/> Denied or refused full and equal enjoyment or service of the office of an employee of the City of Champaign or property under the control of that employee.	Date and Time:
<input type="checkbox"/> Other (specify):	Date and Time:

4. Explain, as best you can, what happened? Describe and give names and dates (if you know them) of all the persons involved in taking the action(s) against you.

5. What did the person, place of public accommodation, organization, agency, etc., state to you as the reason(s) for not providing you a service or for taking the action(s) against you. Discuss each denial or action separately:

6. On how many occasions have you visited or attempted to visit the Respondent's place of business or organization? Try to give us dates and times.

7. If you are complaining about lack of accessibility or failure to provide assistance or aid, answer the following questions:

**a. Did you call ahead of your visit to ask about accessibility or assistance?
If so, what were you told?**

Yes

No

**b. Did you ask for accommodation for your disability?
If so, please tell us when, to whom, and what response were you given?**

Yes

No

c. If you were offered accommodation, what were you offered or given?

8. Explain, if you know, how others in your situation were treated. Give dates, names, addresses and telephone numbers, if you can.

9. If you were denied services or the full and equal enjoyment of a place of public accommodation, describe the Respondent's employee and patrons who were visible at the time of the incident. Explain which individuals were minorities or disabled, if you can.

10. Do you know the names of any of the employees of Respondent?

Yes

No

If yes, please state their names and titles if known:

Full Name:

Title:

Full Name:

Title:

Full Name:

Title:

11. List those positions that are held by minorities, males, females, and/or disabled, if you know.

12. If you have any witnesses who can support your claim of discrimination, state the names, addresses and telephone numbers:		
Full Name:	Address:	Telephone:
Full Name:	Address::	Telephone:
Full Name:	Address:	Telephone:
13. Do you have any documents to support your claim of public accommodation discrimination?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Did you complaint to management your treatment?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes, briefly describe your actions and the results thus far. Were any law enforcement agencies involved?</p>		
15. Have you filed a previous charge against this Respondent with the Equal Opportunity Office?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when and give the name of the agency:		
Date:	Name of the Agency:	
Date:	Name of the Agency:	
Date:	Name of the Agency:	
16. Have you filed a charge regarding your public accommodation problem with any other agency?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date:	Name of the Agency:	
Date:	Name of the Agency:	
Date:	Name of the Agency:	
17. Additional Information:		



**OFFICE OF EQUITY, COMMUNITY AND HUMAN RIGHTS
- COMPLAINT PROCEDURE**

You have contacted the City of Champaign Office of Equity, Community and Human Rights to seek help concerning discrimination in employment, housing and/or public accommodations. We will contact you and set up an appointment to meet with you within three days upon receipt of this form. We will ask you many questions about what happened to you and about how others were treated, and will ask you about dates, the size of the organization with which you had trouble, and other matters. What you tell us is **IMPORTANT**.

First, we will have to establish whether we believe that the law permits us to work on your problem; that is, we must try to find out whether we have **JURISDICTION** under the law. Second, we must learn from your facts which will be useful in our investigation.

If it happens that what you tell us leads us to believe that we cannot help you because we do not have **JURISDICTION**, we will explain that to you and tell you why. If it happens that what you tell us leads us to believe that there is only a very slight chance that we will be able to help you or that is unlikely that the organization which you wish to charge has violated the law, we will explain that to you and tell you why.

However, if it should happen that we counsel you that we do not believe that we have jurisdiction or that it appears unlikely that we can help you or that the organization has violated the law, based on what you tell us, **YOU MAY NONETHELESS, FILE A CHARGE WITH US. THAT IS YOUR DECISION TO MAKE.** It is possible that your filing charge will result in it being dismissed because we do not have jurisdiction or because it is determined that the law has not been violated.

I have read and understand the questionnaire and procedures. I certify that the information provided herein is the truth to the best of my knowledge.

Complainant's Signature

Date

MAIL OR FAX COMPLETE FORM TO: OFFICE OF EQUITY, COMMUNITY AND HUMAN RIGHTS
CITY OF CHAMPAIGN
102 NORTH NEIL STREET
CHAMPAIGN, IL 61820
TELEPHONE: (217) 403-8830
FAX: (217) 403-8835
E-MAIL: HumanRelations@champaignil.gov
VISIT OUR WEBSITE: www.champaignil.gov

FOR OFFICIAL USE ONLY:

Case Number:		PUBLIC ACCOMODATION	
Intake by:	Intake Date and Time:	Interviewer:	Interview Date and Time:
Out of Jurisdiction Forward to:			
NOTES:			