

STATE OF RHODE ISLAND  
COMMISSION FOR HUMAN RIGHTS  
180 Westminster Street, Third Floor  
Providence, RI 02903-1918  
401-222-2661 TDD: 401-222-2664 Fax: 401-222-2616

**DISCRIMINATION QUESTIONNAIRE - GENERAL**

Please type or print your answers as completely as possible on this form and return it to the Commission at the above address. You will be contacted regarding the filing of a formal charge if your allegations come under Commission jurisdiction. This is **not** a formal charge of discrimination. **IF QUESTION # 8 IS NOT ANSWERED COMPLETELY, THE COMMISSION CANNOT PROCESS YOUR CHARGE.**

Indicate Mr./Mrs./Ms \_\_\_\_\_

Date \_\_\_\_\_

1. Name \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers (with area code) Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. How did you learn about the Commission?  Commission Brochure  Commission Commercial  
 Commission Website  Other \_\_\_\_\_

3. Who are you filing against?  Store  Bank  Credit Card Co.  Restaurant  
 Other Name \_\_\_\_\_

Address \_\_\_\_\_

Company President \_\_\_\_\_ Phone \_\_\_\_\_

Do you wish to file a charge against a specific person who discriminated against you?  Yes  No

If "yes", you must provide their full name, address and phone number. \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone Number (with area code) \_\_\_\_\_

4. Approximate number of employees at the above named company \_\_\_\_\_

5. If you are now employed by the company above, specify your position \_\_\_\_\_

If not, specify the position you held or sought \_\_\_\_\_

6. Cause of Alleged Discrimination:  Race  Color  Religion  Ancestral Origin  
 Sex  Disability  Age (18 or above)  Sexual Orientation  Gender Identity or Expression  
 Marital Status (Credit Only)  Familial Status (Credit Only)  Association (Credit Only)  
 Victim of Domestic Abuse (Credit Only)

Explain cause \_\_\_\_\_ Example: if you circled race, indicate your race

7. Please check the alleged discriminatory action/condition:

Denial of Credit  Denial of Loan  Terms/Conditions of Loan  Terms/Conditions of  
Service  Denial of Access to a Public Place  Other (Indicate) \_\_\_\_\_

8. Please explain (on a separate paper) what action was taken against you that you believe to be discriminatory. Were other persons treated differently than you? What harm, if any, was caused to you as a result of that action? Please include all relevant names and dates. If you named any individual(s) in Question #3, you must explain the discriminatory actions that this person took, or the individual(s) will not be named in the charge. If you have any documents concerning the situation, please attach copies to your statement.

9. Please specify the date(s) and place the alleged harm took place \_\_\_\_\_

10. Have you sought any assistance about the action you think was discriminatory from any other source?

Yes  No If yes, indicate:

Name of source of assistance \_\_\_\_\_

Result, if any \_\_\_\_\_

11. If you have hired a lawyer, please indicate: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone Number (with area code) \_\_\_\_\_

Will he/she be representing you?  Yes  No

12. Please provide the name of a person not living with you who would know how to contact you:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone Numbers (with area code) Home \_\_\_\_\_

Cell \_\_\_\_\_

**If you have a disability and need a reasonable accommodation in order to complete this form, please notify the Commission and one will be provided to you.**

**FOR OFFICE USE ONLY – DO NOT WRITE HERE**

SEND NOTICES TO:

A) Agent For Service \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

B) Corporate Headquarters \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

C) Other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_