

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

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 (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 _____ Phone Number _____

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 _____ Phone Number _____ 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 _____