

STATE OF RHODE ISLAND  
COMMISSION FOR HUMAN RIGHTS  
180 Westminister Street, Third Floor  
Providence, RI 02903-1918  
401-222-2661 Fax: 401-222-2616 Voice Relay 7-1-1

**GENERAL 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 once your submission has been reviewed. **This is not a formal charge of discrimination. IF QUESTION #7 IS NOT ANSWERED COMPLETELY, THE COMMISSION CANNOT PROCESS YOUR QUESTIONNAIRE.**

Indicate: Mr./Mrs./Ms./Other \_\_\_\_\_ Date \_\_\_\_\_

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

2. How did you learn about the Commission?  Commission Brochure  Commission Website  
 Commission Facebook Page  Other

3. Who do you wish to file against?  Store  Bank  Credit Card Co.  Restaurant  
 Other Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Company President \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Do you wish to file a charge against a specific person who discriminated against you?  Yes  No  
If "yes": Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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

5. Basis of Alleged Discrimination:  Race  Color  Religion  Ancestral Origin  
 Sex  Disability  Age (18 or above)  Sexual Orientation  Gender Identity/Expression  
 Marital Status (Credit Only)  Familial Status (Credit Only)  Association (Credit Only)  
 Military Status (Credit Only)  Retaliation

Explain Basis \_\_\_\_\_ (Example: if you checked "Race", indicate your race)

6. 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) \_\_\_\_\_

7. **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.**

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

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

Yes  No If "yes", indicate:

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

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

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

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

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Will they be representing you?  Yes  No

11. 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: 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 \_\_\_\_\_