

STATE OF RHODE ISLAND COMMISSION FOR HUMAN RIGHTS

180 Westminster 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 may also e-mail your submission to richr.info@richr.ri.gov. If you have a disability and need a reasonable accommodation in order to complete this form, please notify the Commission. 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.

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) _____

IMPORTANT: IF QUESTION #7 IS NOT ANSWERED COMPLETELY, THE COMMISSION CANNOT PROCESS YOUR QUESTIONNAIRE.

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 () _____

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 _____