

TECHNICAL ASSISTANCE QUESTIONNAIRE



Your answers to this questionnaire are confidential pursuant to Florida Statute 760.11(12)

1. Establishing Jurisdiction:

- a. What is today's date? / / (mm/dd/yyyy)
- b. What is the **most recent** or **last date** that an alleged discriminatory act occurred against you by the establishment you are filing a claim against? (mm/dd/yyyy)
- * If your answer is more than 365 days before today's date, please stop and contact a customer service representative at 1-800-342-8170 or 1-850-488-7082. You may also contact an attorney or your local legal aid office.*

2. Contact Information:

- a. Name: ___ Mr. Ms. Mrs. _____ (First, Middle Name or Initial, Last)
Mailing Address: _____
Zip Code: _____ City: _____ County: _____ State: _____
You can also contact my father: _____
- b. If you want us to contact you by e-mail, please provide your e-mail address:

- c. Home Phone: _____ Work Phone: () 
Cell Phone: ()  Date of Birth (mm/dd/yyyy)
- d. If you will be represented by an attorney, please provide the attorney's name and phone number:
Name: _____ Phone: _____

Address: _____
- e. Please provide the name and telephone number of an individual who does not live with you but would know how to reach you:
Name: _____ Phone: ()
- f. Have you filed a complaint of discrimination with the FCHR, EEOC, HUD, or any local agency within the last year? If yes, complete below:
Agency Name: _____
Approximate date filed: / / (mm/dd/yyyy)
Complaint or Charge Number, if known: _____

3. Basis for Discrimination

a. On what basis do you believe you were discriminated against? Please check only the box or boxes that apply to your charge of discrimination.

RACE:

COLOR:

NATIONAL ORIGIN

SEX

CREED

PHYSICAL DISABILITY/HANDICAP

b. In the box below, provide a description of the alleged discriminatory act or acts that the establishment took against you. **Your description should include the following:**

1. What happened, who took the actions against you, and when (what dates) the actions occurred.

The word limit for this text box is 250 words

c. In the box below, identify any customers who have been in the same situation as you, but were treated more favorably because they have a different protected class than you (For example, they are a different race, sex, national origin, etc.). Provide a brief description of how these employees were treated differently than you.

The word limit for this text box is 250 words

4. Respondent Contact Information:

Provide the name of the business you are filing this claim against.

Provide the name of the Human Resources Office or other management level contact person for this business.

Mailing address of the business:

I understand that information on this questionnaire may be shared, in whole or part, by the Florida Commission on Human Relations with the U.S. Equal Employment Opportunity Commission and the Respondent indicated. With the exception of these parties, this information will be kept confidential.

I understand, agree and request Commission assistance

(Date)

Please print out and mail or fax to:

**Florida Commission on Human Relations
2009 Apalachee Parkway, Suite 200
Tallahassee, Florida 32301**

**Telephone (850) 488-7082
Facsimile (850) 488-5291**