



**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**

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(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**