

HUMAN RIGHTS DISCRIMINATION INTAKE QUESTIONNAIRE

NORTH DAKOTA DEPARTMENT OF LABOR AND HUMAN RIGHTS

SFN 52974 (7-2020)

Name (First, Last)		Home Telephone Number	Cell Phone Number
Address	City		State ZIP Code
Email Address			
Consent to Receiving Correspondence Exclusively at this Email Address <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Alternate Contact		Alternate Contact Telephone Number	

Reason You Were Discriminated Against: (Check ALL that apply)

<input type="checkbox"/> Age - Date of Birth: _____	<input type="checkbox"/> Retaliation: You have filed a charge in the past, testified, or opposed discrimination at work
<input type="checkbox"/> Color - Specify: _____	<input type="checkbox"/> Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Identity
<input type="checkbox"/> Disability - Specify: _____	<input type="checkbox"/> Sex Stereotyping <input type="checkbox"/> Sexual Identity
<input type="checkbox"/> Marital Status - Check one: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single	<input type="checkbox"/> Sex/Pregnancy
<input type="checkbox"/> National Origin - Specify: _____	<input type="checkbox"/> Status with regard to Public Assistance
<input type="checkbox"/> Race - Specify: _____	<input type="checkbox"/> Other - Specify: _____
<input type="checkbox"/> Religion - Specify: _____	

Acts of Discrimination Were Related To: (Check ALL that apply)

<input type="checkbox"/> Accessibility	<input type="checkbox"/> Denial of Service	
<input type="checkbox"/> Advertising	<input type="checkbox"/> Harassment	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Denial of Accommodations	<input type="checkbox"/> Reasonable Accommodation	<input type="checkbox"/> Terms Conditions
<input type="checkbox"/> Denial of Credit	<input type="checkbox"/> Religious Accommodations	<input type="checkbox"/> Other - Explain Below:

Explain Other Conditions	Date of Last Discrimination
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Name of Business or Service Provider You Believe Discriminated Against You		Telephone Number	
Address	City	State	ZIP Code
Name of Contact (Owner, Manager, Official)		Title	Telephone Number

List Witnesses Who Can Provide Evidence in Your Support - Attach statements from witnesses if available

Name of Witness 1		Telephone Number	
Address	City	State	ZIP Code
Name of Witness 2		Telephone Number	
Address	City	State	ZIP Code
Name of Witness 3		Telephone Number	
Address	City	State	ZIP Code

Briefly Explain how and/or why you feel discriminated against (how you were treated differently from others), by whom, when, and where. Be sure to indicate all dates (month, day, year) and names as accurately as possible. **If filling on the basis of disability, please provide appropriate medical documentation.** Attach additional sheets if more space is needed.

Describe Reasons Given, if any, for the Action your are Reporting

Who Gave You these Reasons

Filed with United State Department of Justice or Other Agency or Group <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Agency	Telephone Number
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Address	City	State	ZIP Code
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Name of Person Who Assisted You

Describe What this Person Has Done for You on this Problem

Plan to Take this Matter to Court <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided	Have an Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Attorney	Telephone Number
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Address	City	State	ZIP Code
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Describe Remedies You are Seeking for Relief

Describe Where you Learned About the Human Rights Division Discrimination Program

I attest that the above information is true and complete to the best of my knowledge, information, and belief.

Signature	Date Signed
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RETURN TO: labor@nd.gov

North Dakota Department of Labor and Human Rights
600 E Boulevard Ave Dept 406
Bismarck ND 58505-0340
701-328-2660 Fax: 701-328-2031
ND Toll-Free: 1-800-582-8032
TTY: 1-800-366-6888
www.nd.gov/labor

NOTICE: Anything you submit to us in paper will be scanned to an electronic version and the original destroyed.