Hillsborough County's Equal Opportunity Administrator's Office
INTAKE QUESTIONNAIRE

1. Your Name (*Please Print*): (First)_____ (Middle)_____(Last)_____

Address_____ City _____ State _____ Zip _____

Phone Numbers: Home: (_____) _____ Work: (_____) _____ Mobile: (_____) _____

Best Telephone Number to Contact You: _____

Email Address: _____

2. If the harm or action taken against you was in Employment, please complete the following:

I believe I was discriminated against by the following organization(s): (Check those that apply)
_____Employer _____Union _____Employment Agency _____Other (please specify) _____

Does the organization employ 5 or more full time employees (include all location/branches/offices)? ___Yes ___No ____ Not Sure

Your employment Information: (complete as many items as you are able.)

Date Hired: _____ Job Title at Hire: _____ Job Title at Discrimination: _____

Date Quit/Discharged:_____ Name and Title of Immediate Supervisor: _____

If Job Applicant, Date Applied for Job: _____ Job Title Applied for: _____

If the harm or action taken against you was in Housing, please complete the following:

I believe I was discriminated against by the following person/entity:

_____Owner _____Builder _____Sales Person/Realtor _____Manager _____Bank or other Lender _____ Other: _____

What type of property was involved?

_____Single Family House _____A house or building for 2,3,4 families _____A building for 5 families or more
_____Other:_____

Was the harm or action taken against you in:

_____Public Accommodations _____ Hillsborough County Contracting and Procurement
_____Credit Extension Practices _____ Other: _____

3. Do you believe this action was taken against you because of: Check Appropriate box(es)

[ ] Race [ ] Color [ ] Sex [ ] Age (If 40 or older) [ ] National Origin [ ] Religion [ ] Disability ___Physical ___Mental

[ ] Marital Status [ ] Familial Status [ ] Sexual Orientation [ ] Gender Identity or Expression

4. LAST DATE DISCRIMINATION AND/OR HARASSMENT OCCURRED: (The date of the most recent alleged discrimination and/or harassment incident.) _____

5. RESPONDENT(S): (Person you believe to be responsible for the alleged discrimination and/or harassment. Use an additional sheet of paper if there is more than one Respondent. Please sign and date all attachments.)

Name: _____
Last First Middle

Organization (If Applicable): _____

Address:_____

City:_____ State:_____ Zip Code:_____

Telephone Number: (____) _____-_____ ☐ Work Number ☐ Personal Number

6. What is the address of the property where the alleged harm or action took place? (If Different from #5)

7. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) you believe discriminated against you. Please explain on an additional sheet of paper if necessary and sign and date all attachments.

Describe in detail how you were treated differently because of your actual or perceived race, color, sex, age, national origin, religion, disability, marital status, familial status, sexual orientation, or gender identity or expression; or how you were retaliated against or sexually harassed. Please explain on an additional sheet of paper if necessary and sign and date all attachments.

Do you believe you were treated differently from people outside your protected class? Provide the race, color, national origin, sex, disability, familial status or religion of these individuals, if known,, and if it relates to your claim of discrimination

Do you have a disability, which is a physical or mental impairment that substantially limits a major life activity, such as caring for yourself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working? Please check all that apply:

___ Yes, I have a disability.

___ I do not have a disability now, but I did have one.

___ No disability, but the organization treats me as if I am disabled.

___ No disability, but the organization is aware that I am caring for a disabled individual.

8. IDENTIFY THE WITNESSES WHO HAVE FIRSTHAND KNOWLEDGE REGARDING THE INCIDENTS YOU HAVE DESCRIBED IN THIS COMPLAINT: (Please use additional paper if there are more than two witnesses and sign and date all attachments.)

Witness Name: _____

Telephone Number: (_____) _____-_____

Relationship to Complainant (if any): _____

What does the witness know?_____

_____

Witness Name: _____

Telephone Number: (_____) _____-_____

Relationship to Complainant (if any): _____

What does the witness know? _____

_____

Witness Name: _____

Telephone Number: (_____) _____-_____

Relationship to Complainant (if any): _____

What does the witness know? _____

_____

9. HAS THIS ALLEGATION BEEN FILED ANYWHERE ELSE? (For example, EEOC, Florida Commission on Human Relations, HUD, etc.)

_____ Yes _____ No

If yes, provide the following information:

Name of Agency:_____

Contact Person:_____

Telephone Number:(_____) _____-_____ Date of Filing:_____

Have you sought help about this situation from a union, an attorney or any other source? _____Yes _____No

If yes, provide the following information:

Name of organization:_____

Name of the person you spoke with: _____

Date of contact:_____

Result or outcome, if any: _____

_____

_____

PLEASE SIGN AND DATE THIS FORM

I declare that I have read this complaint (including any attachments, if applicable) and that it is true and correct.

Signature (Complainant) Date

Please return this EOA Intake Questionnaire to:

Hillsborough County's Equal Opportunity Administrator's Office
700 E. Twiggs Street
Suite 830
Tampa, FL 33602

OR

You may fax it to : (813) 276-2217