SUFFOLK COUNTY HUMAN RIGHTS COMMISSION INTAKE INFORMATION

Fo	or Office Use Only
[] Hauppauge Intake
[] Riverhead Intake

Complainant Information

Name.	Last		Einst.	
	Last		First	Middle
Address:Stre	eet			
City	State	Zip	Date of Birth	Social Sec #(last 4 digits only
Telephone: ()_	Home	()Cell	()_	Business
E-Mail Address:			Can we call you a	t work?[] Yes or[] No
-	orney? []Yes			
Is your complaint	[] Employmen	nt [] Housing	[] Public Accomi	modation
Related to?	[] Education	[] Credit	[] Other	
Basis of Your Cor	nplaint: Please cl	heck all that app	ly and specify.	Citizenship Status
Basis of Your Con	nplaint: Please cl	heck all that app	<i>ly and specify.</i> [] Alienage or C	
Basis of Your Cor	nplaint: Please cl	heck all that app	ly and specify. [] Alienage or C [] Military State	Citizenship Status
Basis of Your Con Race/Color Religion/Creed	nplaint: Please cl	heck all that app	ly and specify. [] Alienage or C [] Military Statu [] Status as Vict	Citizenship Status
Basis of Your Con Race/Color Religion/Creed Marital Status	nplaint: Please ch	heck all that app	ly and specify. [] Alienage or C [] Military Statu [] Status as Vict [] Family Status	Citizenship Status us tim of Domestic Violence
Basis of Your Con Race/Color Religion/Creed Marital Status National Origin	nplaint: Please ch	heck all that app	ly and specify. [] Alienage or C [] Military Statu [] Status as Vict [] Family Status [] Veteran Statu	Citizenship Status us tim of Domestic Violence s # of children
Basis of Your Con Race/Color Religion/Creed Marital Status National Origin Sexual Orientat Arrest/Convicti	nplaint: Please ch	heck all that app	ly and specify. [] Alienage or C [] Military Statu [] Status as Vict [] Family Status [] Veteran Statu [] Lawful Source	Citizenship Status as tim of Domestic Violence s # of children as (Housing only)
Basis of Your Con Race/Color Religion/Creed Marital Status National Origin Sexual Orientat Arrest/Convicti Gender Identity	nplaint: Please ch	heck all that app	ly and specify. [] Alienage or C [] Military Statu [] Status as Vict [] Family Status [] Veteran Statu [] Lawful Sourc [] Unlawful Sal	Citizenship Status as tim of Domestic Violence s # of children as (Housing only) the of Income (Housing only)
Basis of Your Con Race/Color Religion/Creed Marital Status National Origin Sexual Orientat	nplaint: Please chains ion on Record /Expression Age)	heck all that app	ly and specify. [] Alienage or C [] Military Statu [] Status as Vict [] Family Status [] Veteran Statu [] Lawful Sourc [] Unlawful Sal [] Retaliation	Citizenship Status us tim of Domestic Violence s # of children us (Housing only) ee of Income (Housing only) ary Inquiry
Basis of Your Con Race/Color Religion/Creed Marital Status National Origin Sexual Orientat Arrest/Convicti Gender Identity Age (D.O.B. & Use of Service	nplaint: Please chains and a second a second and a second a second and	heck all that app	ly and specify. [] Alienage or C [] Military Statu [] Status as Vict [] Family Status [] Veteran Statu [] Lawful Sourc [] Unlawful Sal [] Retaliation [] Visible Traits	Citizenship Status Is tim of Domestic Violence S # of children Is (Housing only) See of Income (Housing only) ary Inquiry S(ie natural hair texture, protective
Basis of Your Con Race/Color Religion/Creed Marital Status National Origin Sexual Orientat Arrest/Convicti Gender Identity Age (D.O.B. &	nplaint: Please chains and a second YExpression Age) Animal	heck all that app	ly and specify. [] Alienage or C [] Military Statu [] Status as Vict [] Family Status [] Veteran Statu [] Lawful Sourc [] Unlawful Sal [] Retaliation [] Visible Traits hairstyle, religious	Citizenship Status as tim of Domestic Violence s # of children as (Housing only) the of Income (Housing only) ary Inquiry

***Complete this section only if your complaint is related to EMPLOYMENT ***

Respondent Information

What is the name and address of the	company or organiza	ition that you h	ave a complain	t about?	
Name:					
Address:					
	Street		Phone: ()		
City	State	Zip	Thene. ()		
Name and job title of the person you	n have a complaint abo	out:			
Name:		Job Title: _			
Date you were hired:	Your Job Title:		Union:	[] Yes on	· [] No
Approx. Number of Employees:	Last day of	employment:			
If terminated, Date notified of terminated	nation:				
Date of the last incident of Discrimi					
What are you seeking as a resolution	n of this matter? ****	***			
Have you filed a complaint with any If so, what agency or court?				No	

***Complete this section \underline{only} if your complaint is related to $\underline{HOUSING}$ ***

City State Zip wou are complaining about a company or an organizarson(s) within that company/organization who cause at did the person, company/organization do to you? Refused to Rent [] Refused to Sell Refused to Finance [] Evicted riginal (first) date of discrimination: ost recent date of discrimination: te/County of alleged discrimination: iiefly describe what happened to you. (Further details can	Phone: () ion, list the name(s) and titles(s) of the you the problem: Refused to Show Premises Other:
City State Zip you are complaining about a company or an organization who cause reson(s) within that company/organization who cause nat did the person, company/organization do to you? Refused to Rent [] Refused to Sell Refused to Finance [] Evicted riginal (first) date of discrimination: ost recent date of discrimination: te/County of alleged discrimination:	Phone: () ion, list the name(s) and titles(s) of the you the problem: Refused to Show Premises Other:
City State Zip you are complaining about a company or an organization who cause rson(s) within that company/organization who cause nat did the person, company/organization do to you? Refused to Rent [] Refused to Sell Refused to Finance [] Evicted riginal (first) date of discrimination: ost recent date of discrimination: te/County of alleged discrimination:	ion, list the name(s) and titles(s) of the you the problem:
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Refused to Finance [] Evicted riginal (first) date of discrimination: ost recent date of discrimination: te/County of alleged discrimination:] Other:
ost recent date of discrimination: te/County of alleged discrimination:	
ost recent date of discrimination:te/County of alleged discrimination:	
ost recent date of discrimination:te/County of alleged discrimination:	
riefly describe what happened to you. (Further details can	
	e provided at your intake interview.
That are you seeking as a resolution of this matter?	
nat are you seeking as a resolution of this matter:	

Complete this section <u>only</u> if your complaint is related to discrimination in a ***PUBLIC ACCOMMODATION, EDUCATION OR CREDIT***

What is the name and address of the company/organization that you have a complaint about?

ddress:		Street			N ()
City		Sta	ite	Zip	Phone: ()
If known, list the	e name(s) and	titles(s) of the	person(s) v	vithin t	hat company/organization wh
you the problem	<i>:</i>				
What kind of com	pany/organiza	tion are you con	nplaining ab	out?	
[] Restaurant	[] Store	[] School	[] Gover	nment A	Agency [] Club
[] Bank	[] Non-Pro	ofit Agency	[] Other		
What happened	to you?(check	x all that apply,)		
[] Denied Servi	ce	[] Denied M	Membership	[]] Membership Terminated
[] Denied Acco	mmodation	[] Unequal	Treatment	[]] Denied Credit/Loans
[] Denied Appli	ication	[] Suspend	led from Sch	ool [] Other:
Original (first) da	ate of discrimin	nation:			
					rided at your intake interview)
·		· ·		•	•
What are you se	eking as a reso	lution of this ma	atter?		
What are you se	ching as a reso	idenois of this int			

Please read the following information carefully, and sign below to authorize an investigation of your complaint. If you have any questions about this section, please speak with a Commission Investigator, who will be happy to provide further clarification about our procedures.

I have been advised of the Commission's procedures and I understand that this information sheet is not a formal complaint.

I request that the Suffolk County Human Rights Commission take whatever action they deem necessary in their investigation, and in so doing, I hereby give my authorization to release information contained in this form to any persons necessary. I also authorize the Commission to review my personnel records, medical records or other pertinent records, and receive copies therein, as well as to obtain any other information, which may be requested in the investigation of these allegations.

Signature	Date
	f someone who will always know how to reach you, if we have to
Name:	
Street:	
Street:City /State/ Zip:	Phone: