

PUBLIC ACCOMMODATION DISCRIMINATION COMPLAINT QUESTIONNAIRE

If you need assistance in completing this form, have difficulty completing any portions of this form due to incompatibility with adaptive technology, or you need the information in an alternative format, please contact us at:

Palm Beach County Office of Equal Opportunity
301 North Olive Avenue, 10th Floor – West Palm Beach, FL 33401
Telephone: (561) 355-4883 | FAX: (561) 355-4932 | TDD: (561) 355-1517
<http://www.pbcgov.com/equalopportunity>

IMPORTANT NOTICE TO POTENTIAL COMPLAINANT: Completion of this form is necessary in order for the Office of Equal Opportunity (OEO) to determine if you have sufficient legal grounds to initiate the filing of a complaint of Public Accommodation discrimination. Completion and submission of this Questionnaire does not constitute the filing of a complaint of discrimination. Upon receipt of this completed Questionnaire, we will determine if you have stated sufficient factual allegations to proceed further. If the facts are not sufficient, we will either contact you for further information or notify you of our determination that the facts are not sufficient. If the facts are sufficient, a complaint will be prepared for you to sign and return to OEO for filing and investigation. You must return the signed complaint form so that it is received by OEO not later than one (1) year after the date of the most recent act of alleged discrimination.

*When completing this form, please print legibly or use typewriter.
Please do not write on the back of the page. Use additional sheets if necessary.*

PERSONAL INFORMATION

1. My name is _____
Last Name First Name Middle Name or Initial
2. My year of birth (four-digit) ____ _
3. My gender is _____ and my racial identity is _____
4. I reside at _____
in the City of _____ County of _____
State of _____ Zip Code _____
5. My daytime telephone number, including the area code, is _____
6. My evening telephone number, including the area code, is _____
7. My email address is _____
(**NOTE:** Under Florida law, email addresses are public records. Do not provide your email address if you do not want it released in response to a public records request.)
8. The name of a person who will know how to reach me is _____
Their telephone number, including the area code, is _____

9. How did you hear about us?

☐ Referred by _____

☐ Attended which outreach event _____

INFORMATION ABOUT THE PUBLIC ACCOMMODATION PROVIDER

What is the name of the Public Accommodation provider that you believe discriminated against you?

Name _____

Address _____

City _____ State _____ Zip _____ Telephone No. _____

What is the name and address of the business owned/operated by the above-named Public Accommodation provider?

Name _____

Address _____

City _____ State _____ Zip _____ Telephone No. _____

The business named above operates a business which serves the public. The business is a:

☐ **Place of lodging** (e.g., inn, hotel, motel – except for owner-occupied establishment renting fewer than six rooms)

☐ **Establishment serving food and drink** (e.g., restaurant, bar)

☐ **Place of exhibition or entertainment** (e.g., motion picture house, theater, concert hall, stadium)

☐ **Place of public gathering** (e.g., auditorium, convention center, lecture hall)

☐ **Sales or rental establishment** (e.g., bakery, grocery store, hardware store, shopping center)

☐ **Service establishment** (e.g., laundromat, dry-cleaner, bank, barber shop, beauty shop, travel service, shop repair service, funeral parlor, gas station, office of accountant or lawyer, pharmacy, insurance office, professional office of health care provider, hospital)

☐ **Public transportation terminal, depot or station** (not including facilities relating to air transportation)

☐ **Place of public display or collection** (e.g., museum, library, gallery)

☐ **Place of recreation** (e.g., park, zoo, amusement park)

☐ **Place of education** (e.g., nursery school, elementary, secondary, undergraduate, or post-graduate private school)

☐ **Social service center establishment** (e.g., day care center, senior citizen center, homeless shelter, food bank, adoption agency)

☐ **Place of exercise or recreation** (e.g., gymnasium, health spa, bowling alley, golf course)

Please indicate the basis upon which you believe you were discriminated against. (Check and respond only to those that are applicable to your case.)

☐ **Race.** If your claim is based on race, what is your race? _____

☐ **Color.** If your claim is based on color, what is your color? _____

☐ **National Origin.** If your claim is based on national origin, what is your national origin? _____

☐ **Sex.** If your claim is based on sex (or gender), what is your sex (gender)? _____

If your claim is based on sexual harassment, did you report the alleged harassment to the Public Accommodation provider?

☐ Yes ☐ No

If yes, what actions did the Public Accommodation provider take based upon your report? _____

☐ **Age.** If your claim is based on age, what is your age? _____

☐ **Religion.** If your claim is based on religion, what is your religion? _____

Did you request an accommodation for a religious practice or belief? ☐ Yes ☐ No

If yes, what was your request? _____

If yes, what was the Public Accommodation provider's response your request? _____

☐ **Familial Status.** If your claim is based on familial status, please indicate the number and ages of your dependent child(ren):

☐ **Disability.** If your claim is based on disability, what is your disability? _____

(NOTE: IF YOUR CLAIM IS BASED ON A DISABILITY, PLEASE COMPLETE THE ATTACHED DISABILITY QUESTIONNAIRE.)

Did you request a modification for your disability? ☐ Yes ☐ No

If yes, what was the Public Accommodation provider's response your request? _____

If yes, what did you request? _____

☐ **Marital Status.** If your claim is based on marital status, please indicate whether you are:

☐ single ☐ married ☐ divorced ☐ other (please specify) _____

☐ **Sexual Orientation.** If your claim is based on sexual orientation, what is your sexual orientation? _____

☐ **Retaliation.** If your claim is based on retaliation, have you previously filed a place of public accommodation discrimination claim with either DOJ, FCHR or OEO? ☐ Yes ☐ No

Have you previously filed a claim of housing discrimination through the business' procedures? ☐ Yes ☐ No

Have you testified or assisted someone else in protecting their rights under the Public Accommodation laws? ☐ Yes ☐ No

The most recent act of discrimination took place on _____

Month Day Year

BRIEF STATEMENT REGARDING YOUR DISCRIMINATION CLAIM

Briefly describe the action that was taken against you that you believe to be discriminatory. Indicate what harm, if any, was caused to you or others in your party or family as a result of this alleged action.

Use additional sheets if necessary. Please do not write on the reverse side of the page.

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What reason, if any, did the Public Accommodation provider give for the alleged discriminatory treatment?

Why do you believe that the action taken against you was discriminatory?

The names, addresses and telephone numbers for all persons who have knowledge about the alleged discriminatory treatment are listed below. I have also given a summary of what each person knows about this matter.

Are you willing to participate in conciliation to seek an early resolution of your claim(s)? ☐ Yes ☐ No

Have you sought assistance from any other agency, attorney, etc.? ☐ Yes ☐ No

If yes, what is the name of the source of assistance? _____

Date of assistance _____ Results, if any _____

Have you previously filed a complaint with OEO or another agency? ☐ Yes ☐ No

If yes, when did you file? _____ Complaint No. (if known) _____

A. Completion of this Questionnaire is necessary in order for the Office of Equal Opportunity to determine if I have sufficient legal grounds to initiate the filing of a complaint of Public Accommodation Discrimination. I understand that completion and submission of this Questionnaire does not constitute the filing of a complaint of discrimination and that upon receipt and review of this completed Questionnaire, OEO will determine if I have stated sufficient factual allegations to proceed with the actual filing of a complaint of discrimination.

B. I understand that to be timely filed, a complaint of discrimination must be received by OEO not later than one (1) year after the date of the most recent act of alleged discrimination.

Under penalty of perjury, I declare that I have read the entire contents of this Questionnaire and that my answers and statements contained herein are true and correct.

Signed _____

Printed Name _____

Date Signed _____



Palm Beach County
Board of County Commissioners

PUBLIC ACCOMMODATION DISCRIMINATION COMPLAINT QUESTIONNAIRE Continuation SheetThis image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings on the page.