# Office of Arizona Attorney General
# Tom Horne

## Civil Rights Intake Questionnaire

| Your Information | | Person/Business in Complaint | |
|---|---|---|---|
| Name: | | Name: | |
| Address: | | Address: | |
| | | | |
| City: | | City: | |
| State: | | State: | |
| Zip: | | Zip: | |
| Phone: | | Phone: | |

Please indicate which of the following categories applies to your complaint against the person or business listed in the section above. Circle all areas that you believe apply to your situation.

| Employment | Housing | Public Accommodations | Voting |
|---|---|---|---|
| Race | Race | Race | Race |
| Color | Color | Color | Color |
| National Origin | National Origin | National Origin | National Origin |
| Religion | Religion | Religion | Religion |
| Sex/Gender | Sex/Gender | Sex/Gender | Sex/Gender |
| Age | Disability | Ancestry | Ancestry |
| Disability | Familial Status | Disability | Disability |
| Retalation | Retaliation | Retaliation | |
| Genetic Information | | | |

When did the act or incident you are complaining about take place?

| | | |
|---|---|---|
| | | |
| | | |
| First Time: | Last Time: | Continuous: (Yes or No) |

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## Civil Rights Intake Questionnaire Continued

Thoroughly explain what happened to you. State what happened, when it happened, the names of people involved, names of witnesses, and any other information. Please tell your story of what happened to you from the beginning to the end. Also, please attach to this questionnaire any documents that will help explain what happened to you.

Have you filed a complaint with any other federal, state, or local agency to complain about this discrimination? If the answer is yes, please state the name and address of the agency.

Do you have an attorney? If the answer is yes, please tell us the name and address of your attorney.