

Please complete the form, save it to your computer and return it by mail, email, fax, or in person.

**OMAHA HUMAN RIGHTS AND RELATIONS DEPARTMENT
Public Accommodation Discrimination Complaint Intake Form**

How did you find out about the Human Rights and Relations Department?

- Radio Newspaper Relative Flyer T.V. Friend
 Other _____

Do you believe you were discriminated against for any of the following reasons? Check all that apply.

- Race/Color Creed/Religion Sex Disability Retaliation
 Age Marital Status National Origin Identify: _____
 Sexual Orientation Gender Identity

Instructions:

Please fill out this complaint form to the best of your ability. The Department will need specific information to determine if your claim can be processed as a charge and to investigate the charge if it is accepted. Someone from the Department will contact you after your form has been received.

YOUR PERSONAL INFORMATION:

- Name _____ Work Phone # _____
Street Address _____ Home Phone # _____
City _____ State _____ Zip Code _____
Race _____ Gender _____ Birthdate _____
- Name, address, phone number of person who will know how to contact you.

- Most recent date on which the discrimination occurred: (MM/DD/YYYY)

NAME OF ESTABLISHMENT THAT DISCRIMINATED AGAINST YOU

Telephone Number: _____ What type of establishment is it? _____
Street Address/City/State/Zip: _____
Person who discriminated against you: Name (if known) _____
Approximate: Age _____ Gender _____ Weight _____ Height _____
Any distinguishing features (e.g., glasses, scars, etc.)? Identify: _____

