MISSOURI COMMISSION ON HUMAN RIGHTS

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

INTAKE QUESTIONNAIRE
Places of Public Accommodation
(*Not an Official Complaint Form*)

421 East Dunklin Street
P.O. Box 1129
Jefferson City, MO 65102-1129
mchrintake@labor.mo.gov

THIS INTAKE QUESTIONNAIRE IS NOT A COMPLAINT FORM.
Immediately complete this form and return it to the Missouri Commission on Human Rights (MCHR). **REMEMBER**, a complaint of discrimination must be filed within the time limits imposed by law, generally within 180 days of the alleged act of discrimination. MCHR will review this Intake Questionnaire and, if the information constitutes a basis for filing a complaint, a complaint form will be sent to me for signature. **ANSWER ALL QUESTIONS *that pertain to your situation*, as completely as possible, and attach additional pages if needed to complete your response(s). If you do not know the answer to a question, then answer by stating "not known." If a question is not applicable to your situation, then write "n/a." Please print.**

PERSONAL INFORMATION			
Last Name	First Name	Middle Initial	
Street or Mailing Address		Apt. or Unit #	
City	County	State	ZIP
Phone Number	Work Phone Number		
Email Address			
Date of Birth	Sex ☐ Male ☐ Female ☐ Unspecified or Another Gender Identity	Do you have a disability? ☐ Yes ☐ No	

Please provide the contact information of a person (who does not live with you) we can contact if we are not able to reach you.

Name	Relationship	
Address		
City	State	ZIP
Phone Number	Email Address	

Please answer the next 3 questions.

1. Are you Hispanic or Latino?
☐ Yes ☐ No

2. What is your race? *(Please choose all that apply.)*
☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African-American
☐ White
☐ Native Hawaiian or Other Pacific Islander

3. What is your National Origin? *(country of origin or ancestry)*

COMPLAINT INFORMATION		
4. Date Discrimination Occurred	5. Type of Business/Entity	
6. Business/Entity Name		
Address	Phone Number	
City	State	ZIP

7. What is the reason (basis) for your claim of public accommodations discrimination? *For example, if you believe you were treated worse than someone else due to your race, you should check the box next to Race. If you feel you were treated worse than someone else for several reasons, you should check all that apply. If you complained about discrimination or filed a prior discrimination complaint, and a negative action was taken or threatened, you should check the box next to Retaliation.*

☐ Race/Color ☐ Sex ☐ Disability ☐ National Origin ☐ Religion ☐ Retaliation

☐ Other reason (basis) for discrimination *(Explain):*

8. What happened to you that you believe was discriminatory? Include date(s) of harm, the action(s) and the name(s) of the person(s) who you believe discriminated against you. Please attach additional pages, if needed. *(Example: denied service by John Smith, manager)*

Name and Title of Responsible Party

Action

9. Why do you believe these actions were discriminatory? Please attach additional pages, if needed.

10. Are there any witnesses to the alleged discriminatory incidents? ☐ Yes ☐ No

If "Yes," please identify them below and indicate what they will say. Add additional pages, if necessary.

Name

Address

Phone Number	Email Address

Name

Address

Phone Number	Email Address

11. If you are claiming discrimination based on disability, answer the following questions. If not, proceed to the end and sign and date questionnaire. *(Please check all that apply.)*

☐ Yes, I have an actual disability

☐ I have had an actual disability in the past

☐ No disability but the organization treats me as if I have a disability

If you are alleging discrimination because of your disability, what is the name of your disability? How does your disability affect your daily life or work activities, e.g., what does your disability prevent or limit you from doing, if anything? *(Example: lifting, sleeping normally, breathing normally, pulling, walking, climbing, caring for yourself, working, etc.).*

☐ I understand that this questionnaire is not a complaint form and that I have not yet filed a complaint of discrimination. I understand that MCHR will review this Intake Questionnaire and, if the information constitutes a basis for filing a complaint, a complaint form will be mailed to me for signature. In order to preserve my rights, the signed complaint must be received at MCHR within 180 days of the alleged act of discrimination. I understand that a copy of the complaint form I sign will be sent to the place of public accommodation and will be the basis for the MCHR investigation.

_____ Initial Here

By entering my name and submitting this form, I do hereby affirm under penalties of perjury that the previously stated information is true and correct to the best of my knowledge, information, and belief.

_____ _____

First and Last Name *Date*

Please submit completed form by email to mchrintake@labor.mo.gov or by mail to P.O. Box 1129, Jefferson City, MO 65102-1129.

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? If so, you may find information about DOLIR's applicable services and benefits available to veterans at the following address: veteranbenefits.mo.gov.