

**Hillsborough County - Office of the Equal Opportunity Administrator  
INTAKE QUESTIONNAIRE**

**Please complete this form prior to your interview. The information will assist the investigator in addressing your complaint.**

1. Name: _____			
(First)	(Middle)	(Last)	
Address _____		Daytime Telephone # _____	
City _____	State _____	Zip _____	
2. What was the harm or action taken against you that you believe to be discriminatory?  Was the harm or action taken against you in <input type="checkbox"/> housing <input type="checkbox"/> employment <input type="checkbox"/> public accommodation <input type="checkbox"/> other			
3. Do you believe this action was taken against you because of: (Check Appropriate box(es))  <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Sex <input type="checkbox"/> Religion <input type="checkbox"/> Handicap <input type="checkbox"/> Age <input type="checkbox"/> National Origin <input type="checkbox"/> Marital Status <input type="checkbox"/> Familial Status* <b>(*Applies to Housing only)</b>			
4. What was the date of the alleged discriminatory action?			
5. Who do you believe discriminated against you? Name: _____ Title: _____ Address: _____			
6. What is the name and address of the employer or housing provider where the alleged harm, action took place? If employment, estimated number of employees.			
7. What was the reason or explanation given for the adverse action taken against you?			
8. Have you sought assistance regarding your concerns from any Government agency, an attorney, or from any other source? (If yes, complete below) <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____ Signature		_____ Date	_____ Complainant's
<b>EEOC Office Use Only</b>			
<b>Action Taken:</b>		_____ EO Staff Signature	