



INTAKE FORM

Your Information

Name, Preferred Title, Date of Birth, Address, City, State, Zip, Cell Phone, Other Phone, Occupation, Email, Race/Ethnicity, Primary Language, Family Status, Emergency Contact

Information About the Person or Entity that Took Action Against You

Name, Company if any, Address, City, State, Zip, Phone, Second Contact, Address, City, State, Zip, Phone, Date of most recent incident of discrimination, Borough where incident occurred, Have you filed any complaint about this incident in any other place?, If yes, check the place or describe below

My inquiry has to do with: (check one, and then fill out the next section depending on your answer) Housing, Public Accommodation, Employment, Discriminatory Harassment, Bias-based Profiling by Law Enforcement. Have you ever had an appointment with the Commission before? List when, and the result of your inquiry:

SECTION A: Housing (fill out only if your inquiry involves housing)

Type of Housing: Co-op, Commercial, Rental, Shelter, SRO, Owner-occupied, Condo, Approx. Number of Units. Basis of Discrimination -- Check all that apply: Race, Color, Presence of Children, Marital Status, Gender, Gender Identity, National Origin, Sexual Orientation, Religion/Creed, Occupation, Lawful Source of Income, Alienage/Citizenship Status, Age, Disability/Failure to Accommodate



**SECTION B: Public Accommodation** (fill out **only** if your inquiry involves a public accommodation)

Basis of Discrimination -- Check all that apply:

- Race       Age       Religion/Creed       National Origin       Sexual Orientation
- Color       Gender       Gender Identity       Marital Status       Alienage/Citizenship Status
- Disability/Failure to Accommodate

**SECTION C: Employment** (fill out **only** if your inquiry involves employment)

How many employees does your employer have?  More than 4     More than 15

Are you in a union?  Yes     No    Which union? \_\_\_\_\_

Basis of Discrimination -- Check all that apply:

- Race       Color       Sexual Orientation       Alienage/Citizenship Status
- Gender       Gender Identity       Credit History       Disability/Failure to Accommodate
- Pregnancy       Marital Status       National Origin       Arrest/Conviction Record
- Age       Religion/Creed       Unemployment Status       Status as victim of domestic violence, sexual violence, or stalking

**SECTION D: Explain**

Briefly describe what happened:

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**OFFICE USE ONLY\*\*\*\*\*OFFICE USE ONLY \*\*\*\*\*OFFICE USE ONLY**

Date of Intake \_\_\_\_\_ Intake Number \_\_\_\_\_

Attorney Assigned \_\_\_\_\_

1. Statute of Limitations deadline: LEB \_\_\_\_\_ EEOC \_\_\_\_\_

2. How did this person hear about the Commission? (check all that apply)

- CRB       Social Services       City Agency       Internet       Elected Official
- Community Org.       Commissioner       CCHR Website       311       Private Lawyer
- Social Media       Legal Services Org.       Press       TV       Radio
- Newspaper       Email       Flyer/Brochure       Taxi TV       Other Complainant
- Advertisement (Please specify if possible) \_\_\_\_\_

Details: (If Elected Official, City Agency, Commissioner, or Other, write in the name/more information)

3. Language Access Issues:

- a. Limited English Proficient?  Yes     No
- b. Primary Language of Complainant: \_\_\_\_\_
- c. In which language was intake conducted? \_\_\_\_\_
- d. Method of interpretation:  LEB staff     Phone     Volunteer     Paid Interpreter

4. Were referrals made?  Yes     No    Where? \_\_\_\_\_

5. Was a complaint filed?  Yes     No

Approved by \_\_\_\_\_