STATE OF WEST VIRGINIA
HUMAN RIGHTS COMMISSION

Room 108A, 1321 Plaza East, Charleston, WV 25301-1400
Ph: (304) 558-2616 Fax: (304) 558-0085 Toll Free: (888) 676-5546 www.hrc.wv.gov

✱ (INTERNET FORM) ✱

PUBLIC ACCOMMODATIONS
PRE-COMPLAINT BACKGROUND FORM

Please do your best to provide complete answers to each of the following questions. If a question does not apply to your situation, mark that question as n/a or not applicable.

NOTICE: THIS IS NOT A CONFIDENTIAL DOCUMENT. A copy of this questionnaire, containing your answers and any statements and attachments you provide, may be released to anyone who submits a proper request, including the responding entity. **Do not attach documents, such as medical records, to this form.**

Today's Date: _____

Your Complete Contact Information

It is important that the Commission be able to reach you. If your contact information changes, please let the Commission know immediately.

Mr.____**Miss**____**Mrs.**____**Ms.**____**Full Name** _____

Street Address _____ City _____

County _____State _____ Zip _____ E-mail _____

Phone (home) _____ (work) _____ (cellular) _____

Date of Birth _____ Age _____Sex _____ Race _____ National Origin _____

The best time to call me is: **Mornings** ___ **Afternoons** ___. The best number to call is _____.

Your Legal Representation

You do not need an attorney to file a complaint. However, if you are represented by a lawyer, please provide the attorney's contact information and ask your lawyer to submit a written notice of representation.

Lawyer Name _____

Law Firm _____

Address _____

City _____ State _____

Zip _____Ph _____

Other Complaints You Have Filed

Have you filed **this same complaint or charge** with:
another agency? Yes ___ No ___
in state or federal court? Yes ___ No ___

Have you ever filed **any complaint** here before?
Yes ___ No ____
Approximate date(s) you filed _____
Docket Number(s) _____
Who did you file against?_____
_____

Your Emergency Contact Information

Please provide contact information for a family member or friend, **who does not share your address or telephone number(s)**, and who can reach you or get a message to you if the Commission is unable to contact you.

Name _____

Relationship to you _____

Street Address _____

City _____

State _____ Zip _____

Ph (h) _____ (cell) _____

STATE OF WEST VIRGINIA
HUMAN RIGHTS COMMISSION

Room 108A, 1321 Plaza East, Charleston, WV 25301-1400
Ph: (304) 558-2616 Fax: (304) 558-0085 Toll Free: (888) 676-5546 www.hrc.wv.gov

∗ (INTERNET FORM) ∗

The term "**place of public accommodations**" means any establishment or person which offers its services, goods, facilities, or accommodations to the general public. This includes "private" facilities and programs which are open to the public, and state and local governmental agencies and programs.

Who Is Your Complaint Against?

Who do you believe discriminated against you?

_____	State or Local Government	_____	Shopping Center
_____	School	_____	Club
_____	Restaurant	_____	Recreational Venue
_____	Nightclub	_____	Health Care Provider
_____	Bank or Lending Agency	_____	Religious Institution
_____	Store	_____	Transportation Service
_____	Hotel/Motel	_____	Other (specify) _____

Please provide the full name and contact information for the entity you want to name in your public accommodations complaint. Be as specific as possible.

Full Name of Entity_____
Address _____
City _____State _____ Zip _____
County_____Ph___ _____ Fax_____

Where did the discrimination happen? If the place the discrimination happened is different than the address you have given for the entity you want to name in your complaint, please provide the address or description of the place where the harm occurred.

Full Name of Place_____
Address _____ City _____State _____ Zip _____
County _____ Ph_____ Fax _____

IMPORTANT NOTICE: Completing and returning this form **DOES NOT** mean you have filed a complaint. Additional steps must be taken to file a formal complaint with the HRC. It is vital that you submit this form well before the 365 day deadline to ensure that your complaint is completed on time. **If you are submitting this form within one month of your 365 day filing deadline, please call the West Virginia Human Rights Commission for further instructions.**

STATE OF WEST VIRGINIA
HUMAN RIGHTS COMMISSION

Room 108A, 1321 Plaza East, Charleston, WV 25301-1400
Ph: (304) 558-2616 Fax: (304) 558-0085 Toll Free: (888) 676-5546 www.hrc.wv.gov

✱ (INTERNET FORM) ✱

What Happened?

Please **check** each type of harm that applies to your situation and provide the **date(s)** upon which the alleged unfair treatment occurred.

✔	Type of Harm	Date(s) of Harm
	Refused Admission	
	Denial or Partial Denial of Service	
	Unequal Access, Service, or Treatment	
	Failure to Accommodate	
	Inaccessible Facilities	
	Hostile Environment (only if motivated by Sex, Race, Color, Age, National Origin, Ancestry, Religion and/or Disability)	
	Other	

If you claim you were racially or sexually harassed, were you harassed by

____ a proprietor, owner, or manager of a place of public accommodations?

____ an employee of a place of public accommodations?

____ unknown

____ other (describe _____)

For each person whom you claim harassed you, please provide his or her name, job title and address, if known.

Name _____

Job Title _____

Address _____

City _____ State _____

Zip _____Ph _____

Alleged Unlawful Bias

What do you believe motivated your unfair treatment? Check **ALL** the factors that you believe **actually apply** to your situation.

___	**Race**	___	**Ancestry**
___	**Color**	___	**National Origin**
___	**Sex**	___	**Religion**
___	**Pregnancy**	___	**Disability/Blindness**
___	**Age (40 or older)**	___	**Retaliation for opposing unlawful discrimination**

If you believe your unfair treatment was motivated by **disability** discrimination, please provide the following information.

Check all that apply:

____ I have a disability.
____ I had a disability in the past.
____ I do not have a disability, but the place of public accommodations treats/treated me as if I do have a disability or regards me as disabled.

My **disability** is: _____
_____

If you believe your unfair treatment was motivated by your **color**, please describe your color.
_____

If you believe your unfair treatment was motivated by your **ancestry**, please identify your ancestry.
_____

If you believe your unfair treatment was motivated by your **religion**, please identify your religious affiliation, if any._____

If you believe your unfair treatment was motivated by **retaliation** for your efforts to oppose unlawful discrimination, please provide the following information.

Was your unfair treatment motivated by:

a. having previously assisted the Commission in an investigation? Yes ____ No ____
b. having complained to the place of public accommodations about unlawful discrimination Yes ____ No ____
c. having filed a previous complaint with the Commission? Yes ____ No ____

STATE OF WEST VIRGINIA
HUMAN RIGHTS COMMISSION

Room 108A, 1321 Plaza East, Charleston, WV 25301-1400
Ph: (304) 558-2616 Fax: (304) 558-0085 Toll Free: (888) 676-5546 www.hrc.wv.gov

*** (INTERNET FORM) ***

Use the following space to describe what happened to you that you believe was discriminatory. Please include a description of the harm you experienced and, to your best memory, the dates upon which you were discriminated against. It would be very helpful to explain why you believe the harm you experienced was motivated by a discriminatory motive and to identify any persons who you believe were treated more favorably than you. You may attach additional pages, if necessary.

I understand that submitting this questionnaire is not the same thing as filing a complaint and that there are more steps in the process to file an actual complaint. I understand that it is my responsibility to make sure the Commission has up to date contact information for me and that if the Commission cannot contact me it may decline to file a complaint and/or close my case. I also understand that this form is not confidential, and that all information I have provided on this form and all documents I have attached to this form are subject to disclosure to the Respondent and any other individual who makes a proper request.

Signature _____ **Date** _____