



Office of Arizona Attorney General
Mark Brnovich



Civil Rights Intake Questionnaire

Your Information		Person/Business in Complaint	
Name:		Name:	
Address:		Address:	
City:		City:	
State:		State:	
Zip:		Zip:	
Phone:		Phone:	

Please indicate which of the following categories applies to your complaint against the person or business listed in the section above. Circle all areas that you believe apply to your situation.

Employment	Housing	Public Accommodations	Voting
Race	Race	Race	Race
Color	Color	Color	Color
National Origin	National Origin	National Origin	National Origin
Religion	Religion	Religion	Religion
Sex/Gender	Sex/Gender	Sex/Gender	Sex/Gender
Age	Disability	Ancestry	Ancestry
Disability	Familial Status	Disability	Disability
Retaliation	Retaliation	Retaliation	
Genetic Information			

When did the act or incident you are complaining about take place?

First Time:	Last Time:	Continuous: (Yes or No)



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Civil Rights Intake Questionnaire Continued

Thoroughly explain what happened to you. State what happened, when it happened, the names of people involved, names of witnesses, and any other information. Please tell your story of what happened to you from the beginning to the end. Also, please attach to this questionnaire any documents that will help explain what happened to you.

Have you filed a complaint with any other federal, state, or local agency to complain about this discrimination? If the answer is yes, please state the name and address of the agency.

Do you have an attorney? If the answer is yes, please tell us the name and address of your attorney.
