



Web form

Office of the Attorney General - Division of Human Rights

202 North Ninth Street • Richmond, VA 23219 • Office: (804) 225-2292 Fax: (804) 225-3294

Complaint Questionnaire

The information requested on this form will help us to help you. The information submitted will determine whether your complaint will be investigated. Filing with this office does not preclude you from filing with other Federal or State Agencies. **Please be specific in your responses and indicate the month, day, and year of the alleged discriminatory actions.**

Complainant's Date of Birth: _____
Month Day Year

Name _____
First Middle Last

Address _____
Street Apartment Number

City/County _____ State _____ Zip Code _____

Home Number () _____ Work Number () _____

Contact telephone numbers: [] Work _____ [] Home _____

Time to be contacted: _____ Days (check): Mon. Tues. Wed. Thurs. Fri.

Person to contact if you cannot be reached: _____

Address _____

Telephone () _____

I WISH TO COMPLAIN AGAINST:

- Check all that apply:
- | | |
|--|--|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Realtor/Rentor |
| <input type="checkbox"/> Organization | <input type="checkbox"/> Place of Public Accommodation |
| <input type="checkbox"/> Educational Institution | |

If Employer, how many employees does the company employ? _____

Name of Company and Address: _____

Name and Title of Principal Officer (*President, Owner, Manager, etc.*)

Name Title

Telephone Number () _____

1. You believe that the action taken against you is based on your (*Check all that apply*)
- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sex | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Age | <input type="checkbox"/> Childbirth or Medical Conditions Related to Pregnancy |

7. Did you file a complaint with any other state and/or federal agency? [] Yes [] No

If so, which agency and the date of filing _____

8. If you have an attorney, please give name, address, and telephone number:

Name _____

Address _____

Telephone Number () _____

9. Personal Data

Please check appropriate boxes and fill appropriate space:

A. Sex [] Female [] Male

B. Ethnic Group: [] White/Caucasian [] African American/Black
[] Hispanic American [] Asian American
[] Native American [] Other (specify) _____

C. Age (current) _____

D. E-mail Address _____

I understand that by returning this completed questionnaire to your office, I have filed an official complaint with the Division of Human Rights. However, this does not mean that the complaint will be accepted for investigation. If accepted for investigation, The Division will notify the person or organization that I have named in my complaint. I declare under penalty of perjury that the information provided herein is true and correct to the best of my knowledge.

Signature

Date