

## PRE-INTERVIEW INFORMATION FORM

This form is used by the Fort Wayne Human Relations Commission as a means of obtaining basic information from you. This form **does not** constitute a charge. After completing this form, you will meet with an investigator to evaluate your claim. After the conclusion of the interview with an investigator, the investigator will then assist you in filing a charge.

The alleged discrimination occurred in:

Employment \_\_\_      Housing \_\_\_      Public Accommodation \_\_\_      School \_\_\_

PLEASE PRINT and fill in each blank to the best of your knowledge.

**COMPLAINANT:**

Full Name (including middle initial): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PLEASE PROVIDE the name of someone not living in your home who knows where you are at anytime:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Relationship: \_\_\_\_\_

PLEASE PROVIDE the REASON for the difference in treatment: (check all that apply)

- |                       |                                      |
|-----------------------|--------------------------------------|
| _____ Race or Color   | _____ Equal Pay Issue                |
| _____ National Origin | _____ Sex                            |
| _____ Ancestry        | _____ Retaliation                    |
| _____ Religion        | _____ Familial Status (Housing only) |
| _____ Age             | _____ Sexual Orientation             |
| _____ Disability      | _____ Sexual Harassment              |
| _____ Pregnancy       | _____ Sex                            |
|                       | _____ Place of Birth                 |

PLEASE PROVIDE the following:

Date of Incident/Discrimination: \_\_\_\_\_

I learned about this agency by: \_\_\_\_\_

If charging an Employer with discrimination, are you currently employed with them? \_\_\_\_\_

If charging a Housing Provider with discrimination, are you facing eviction? \_\_\_\_\_

OFFICE USE ONLY: Phone: \_\_\_ Walk In: \_\_\_ Mail In: \_\_\_ Faxed \_\_\_ Initials of First Contact: \_\_\_\_\_  
Date of Initial Contact: \_\_\_\_\_ Time of Contact: \_\_\_\_\_ Initial of Investigator: \_\_\_\_\_ SIC Code: \_\_\_\_\_