

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:

Complainant Information:

Full Name: _____
Mailing Address: _____
City, State & Zip Code: _____
Email Address: _____
Primary Phone: _____
Secondary Phone: _____
Date of Birth: _____
Pronouns: _____

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

Full Name: _____
Street Address: _____
City, State & Zip: _____
Phone Number: _____
Relationship: _____

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Age | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Familial Status (Housing Only) | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Place of Birth | <input type="checkbox"/> Equal Pay Issue |

PLEASE PROVIDE the following:

Date(s) of Incident/Discrimination: _____

How did you learn about our agency? _____

If you are charging an employer with discrimination, are you currently employed with them? Yes No

If you are charging a housing provider with discrimination, are you facing eviction? Yes No

I speak the following language and require a translator: _____

For office use only | Walk-in: Appointment: