

CONFIDENTIAL
THIS IS NOT A CHARGE OF DISCRIMINATION.

NEW HAMPSHIRE COMMISSION FOR HUMAN RIGHTS
57 REGIONAL DRIVE, SUITE 8
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(603) 271-2767
FAX: (603) 271-6339
TTD ACCESS: RELAY NH 1-800-735-2964
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PUBLIC EDUCATION GENERAL INTAKE QUESTIONNAIRE

INSTRUCTIONS: *This is a questionnaire, not a charge of discrimination.* Please fill out this questionnaire as completely as possible and send a copy back to the Commission either via regular mail, fax or email using the contact information above and keep a copy of the completed questionnaire for your records. The questionnaire will provide a Commission Investigator with information about your claim. The Investigator will use this information to determine whether you have the basis to file a formal charge. After reviewing the questionnaire, the Investigator will contact you to gather further information, as necessary and either explain the next steps in filing a formal charge or explain why you do not have the basis to file a charge of discrimination.

Have you already filed a complainant with the Department of Education? Yes or No

Student Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Telephone number: _____ Email address: _____

Optional: What is your Race? _____ What is your National Origin? _____

Contact information of a relative, friend or neighbor who would know how to reach you.

Name: _____ Phone No _____ Email: _____

I believe I was discriminated because of:

- | | |
|---|--|
| <input type="checkbox"/> Race or Color (race: _____) | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> National Origin (nat. origin: _____) | <input type="checkbox"/> Mental Disability |
| <input type="checkbox"/> Creed/Religion | <input type="checkbox"/> Age (DOB _____) |
| <input type="checkbox"/> Gender (_____) | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Gender Identity | |

First date of Discrimination: Month

Day

Year

Last date of Discrimination*: Month

Day

Year

** Please keep in mind that you only have 180 days from the last date of discrimination to file a Charge of Discrimination with the Commission under both state and federal laws.*

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I wish to file a charge against:

Name of Public School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (include area code): _____

Is the student currently enrolled public school? Yes No

Present Grade: _____

Please briefly explain in the space provided below or on a separate piece of paper what action was taken against you that you believe to be discriminatory. This could include such things as being treated differently in discipline, privileges, harassment, sexual harassment, reasonable accommodations and/or retaliation. Provide details such as names and dates, etc. Were other persons treated differently than you? Please describe. What harm, if any, was caused as a result of that action?

FOR AGENCY ACTION ONLY

Action taken:

- | | |
|---|---|
| <input type="checkbox"/> Charge taken | <input type="checkbox"/> Not a covered basis |
| <input type="checkbox"/> Information only | <input type="checkbox"/> Actions complained of do not state valid claim |
| <input type="checkbox"/> Not a timely charge | <input type="checkbox"/> No employer/employee relationship |
| <input type="checkbox"/> CP is a federal employee | <input type="checkbox"/> Referred to another agency: _____ |
| <input type="checkbox"/> Not enough employees | <input type="checkbox"/> Charge already filed at another agency _____ |
| <input type="checkbox"/> Filed in court on same basis | <input type="checkbox"/> Other reason (specify): _____ |

Investigator's signature: _____ Date: _____