

NH COMMISSION FOR HUMAN RIGHTS  
57 REGIONAL DRIVE, SUITE 8  
CONCORD, NEW HAMPSHIRE 03301  
603-271-2767  
FAX 603-271-6339  
TTD Access: RELAY NH 1-800-735-2964  
Email: [humanrights@hrc.nh.gov](mailto:humanrights@hrc.nh.gov)

PUBLIC ACCOMMODATIONS DISCRIMINATION  
INTAKE QUESTIONNAIRE

**THIS IS NOT A CHARGE OF DISCRIMINATION.** This is a questionnaire which will give the Commission's Intake Coordinator information about your claim. An Intake Coordinator must decide whether you have the basis to file a formal charge. If the Intake Coordinator needs more information from you, you will be interviewed by telephone, after we receive your completed questionnaire. If a Charge is to be filed, the Commission will draft your charge from the information you provide and will send the charge to you in the mail. You will then sign the charge under oath and return it to the Commission for filing/docketing. If the Commission believes you do not have the basis to file a charge of discrimination, you will be sent a letter explaining why.

Please fill out this form as completely as possible, print out a copy, and mail it to the above address.

**You may also FAX your completed questionnaire to us at: 603-271-6339.**  
**Keep a copy of the completed questionnaire for your records.**

1. Today's date: \_\_\_\_\_

2. Your Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone numbers at home and work \_\_\_\_\_  
Email address \_\_\_\_\_

3. Name, address, telephone number of a relative or friend who would know how to reach you: \_\_\_\_\_

4. When did the alleged discrimination take place? **REQUIRED**  
**First Date of Discrimination: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_**  
**Last Date of Discrimination: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_**  
Is the discrimination continuing? Yes \_\_\_ No \_\_\_

5. Where did the alleged discrimination take place? (Who is your charge against?)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone number \_\_\_\_\_

6. (a) What kind of establishment is it? \_\_\_\_\_

(b) Did the discrimination take place at one of the following kinds of establishments (check one or more that apply)?

Inn, tavern, or hotel \_\_\_\_

Restaurant or eating house \_\_\_\_

Public conveyance on land or water \_\_\_\_

Bathhouse \_\_\_\_

Barbershop \_\_\_\_

Theater \_\_\_\_

Golf course \_\_\_\_

Sports arena \_\_\_\_

Health care provider \_\_\_\_

Music or other public hall \_\_\_\_

Store \_\_\_\_

Other establishment which caters to the general public \_\_\_\_\_

Other establishment which offers its services, goods, or facilities to the general public \_\_\_\_

(c) Did the discrimination take place at an institution or club which is in its nature distinctly private? Yes \_\_\_\_ No \_\_\_\_

(d) Did the discrimination take place at (1) a religious or denominational institution or organization, or (2) at any organization operated for charitable or educational purposes which is operated, supervised or controlled by or in connection with a religious organization?

Yes \_\_\_\_ No \_\_\_\_

(e) If yes, did the organization discriminate on the basis of religion? Yes \_\_\_\_ No \_\_\_\_ (If Yes, please describe what action was taken:

7. Do you believe you were discriminated against on the basis of any of the following: (Check any that apply?) please specify

Race or color;  National origin;  Creed (Religion);  Marital Status;

Sex (includes harassment or pregnancy);  Sexual orientation;  Physical disability;

Mental disability;  Age (give age of person discriminated against) \_\_\_\_\_

other, specify: \_\_\_\_\_.

If you checked Race: Please indicate your race \_\_\_\_\_

If you checked National Origin: Please indicate your National Origin \_\_\_\_\_

The following question is voluntary if not checked above:

What is your Race? \_\_\_\_\_ What is your National Origin? \_\_\_\_\_

8. Who took the discriminatory action against you? Please provide their name, if possible, and their position/job at the place of public accommodation?

9. Was the discrimination any of the following?

- a. Refused, withheld, or denied accommodations, advantages, facilities or privileges \_\_\_\_\_
- b. Published, circulated, issued, displayed, posted, or mailed a discriminatory written or printed communication, notice or advertisement \_\_\_\_\_ if yes, what did the statement, notice or ad say?

\_\_\_\_\_

- c. Made statements indicating that patronage or custom of a person was unwelcome or would be refused because of a person's age, sex, race, color, religion, disability, marital status, national origin, or sexual orientation. Please specify what statements were made:

\_\_\_\_\_

- d. Other discriminatory action you believe occurred:

\_\_\_\_\_

10. Were any witnesses present? Please provide their names and addresses if possible.

11. How were you injured by the discriminatory actions?

12. Please provide any other details of your charge that you have not told us above:

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**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"/> CP chose not to file                              | _____   |
| <input type="checkbox"/> Not enough employees                              | <input type="checkbox"/> other reason (specify):                        |
| <input type="checkbox"/> Charge already filed at another Agency            | _____   |
| <input type="checkbox"/> Civil action already filed in court on same basis |   |

Investigator's initials: \_\_\_\_\_ Date: \_\_\_\_\_ Letter sent: \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_