

**CONFIDENTIAL**  
**THIS IS NOT A CHARGE OF DISCRIMINATION.**

NEW HAMPSHIRE COMMISSION FOR HUMAN RIGHTS  
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**PUBLIC EDUCATION INTAKE QUESTIONNAIRE FOR RSA 354-A:29-34**  
**(RIGHT TO FREEDOM FROM DISCRIMINATION IN PUBLIC WORKPLACES & EDUCATION)**

**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.

- Is your claim relative to a public school?** **Yes or No**
- Does the school or school district teach grades K-12?** **Yes or No**
- Was the offered program/training part of a class?** **Yes or No**
- Was the offered program/training part of an extra-curricular activity?** **Yes or No**

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Student's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

Primary Phone number: \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Email address: \_\_\_\_\_

**Is the student currently enrolled at the school?** **Yes or No**

**If yes, present Grade:** \_\_\_\_\_

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**Optional:** What is your Race? \_\_\_\_\_ What is your National Origin? \_\_\_\_\_

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Name of Public School: \_\_\_\_\_

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

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

Phone Number (include area code): \_\_\_\_\_

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**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 state laws.*

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**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 to include a description of the program/training alleged to violate RSA 354-A: 29-34. 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?**

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