

# Vermont Human Rights Commission Questionnaire for Public Accommodations Complaints

Your answers to this questionnaire are confidential pursuant to 9 V.S.A. §4555(a). **Please print or type your responses. If you have any questions while filling out this form, don't hesitate to contact the HRC at 1-800-416-2010 (Toll Free VT) or 802-828-1625 or by email at [human.rights@vermont.gov](mailto:human.rights@vermont.gov) for assistance.**

## 1. INFORMATION ABOUT YOU

Name: Mr./Ms./Mrs. \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

E-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Message phone 1: \_\_\_\_\_ Message phone 2: \_\_\_\_\_

If you will be represented by an attorney, please provide the attorney's name and phone number:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Have you filed a complaint regarding this matter with the Human Rights Commission or any other agency, or have you filed a lawsuit regarding this matter? If yes, fill in the information below:**

Agency or court name: \_\_\_\_\_

Approximate date complaint was filed: \_\_\_\_\_

Complaint or charge number, if known: \_\_\_\_\_

## 2. ESTABLISHING JURISDICTION

**A. Below are the legal bases for protection from discrimination. If you believe you have experienced discrimination because of your membership in one or more of these protected categories please circle those that apply.**

Race    Black    White    Asian    Pacific Islander/Hawaiian  
Native American Indian/Alaskan Native

Color

National Origin (please specify)

Religion (please specify)

Sex            Male            Female

Sexual Orientation (please specify)

Gender Identity (please specify)

Marital Status            Married            Single            Divorced            Widowed

Age

Disability                    Physical            Developmental            Psychiatric/Emotional

**B. Public accommodation action upon which your complaint is based (circle all that apply):**

Denied service

Denied room

Harassed

Denied reasonable accommodation for disability

Given different terms and conditions for services

Other (please specify)

**C. What was the most recent date that you were allegedly discriminated against?**

If your answer is more than one year before today, please stop and contact the HRC at 800-416-2010 (Toll Free VT) or 802-828-1625 or stop and contact an attorney or your local Vermont Legal Aid office.

### 3. RESPONDENT INFORMATION

**Please provide the following information about the place of public accommodation:**

Name of company/business: \_\_\_\_\_

Name of person you spoke/interacted with and title (if known): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Phone number: \_\_\_\_\_

**4. Please complete the following statement: I believe I have been discriminated against for the following reasons (use additional paper as needed):**

**I understand that the information in this questionnaire may be shared, in whole or part, by the Vermont Human Rights Commission (HRC) with the Respondent identified above.**

**In order to provide a timely complaint, under penalties of perjury, I declare that I have read this questionnaire and wish to make it my complaint of discrimination and that the facts stated in it are true. I will advise the HRC if I change my address or telephone number and I will cooperate fully with the HRC in the processing of my complaint in accordance with its procedures.**

**I understand the foregoing and agree to and request the HRC consider an investigation of this matter.**

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

Mail or fax to:

Vermont Human Rights Commission  
14-16 Baldwin Street  
Montpelier, VT 05633-6301  
Telephone: 800-416-2010 (Toll Free VT) or 802-828-1625  
TTY: 877-294-9200  
Fax: 802-828-2481

## **OPTIONAL QUESTIONS FOR PUBLIC ACCOMMODATION DISCRIMINATION CLAIMS**

**You are invited to answer any or all of these additional questions either directly on this form or on another sheet of paper. Additionally, you are invited to provide any further information or documents you believe would be helpful.**

How frequently was the offensive conduct repeated or was it a one-time incident?

Who was the perpetrator of the offensive conduct?

Were there any witnesses to the incident(s)? If yes, please provide names and contact information.

Did you report the incident(s) to anyone? If yes, when and to whom and what did you tell that person?

Explain how the offensive conduct affected you. Did you suffer physically or psychologically? Did you see a doctor or counselor/therapist?

Is there any documentation of the incident(s)?

Did anyone in the place of public accommodation provide a reason for its conduct towards you? If yes, please explain.

## **OPTIONAL QUESTIONS FOR DISABILITY DISCRIMINATION CLAIMS**

Do you have medical documentation describing the limitations caused by your disability?

Is your condition permanent or temporary?

Do you receive SSI or SSDI?

Did you request an accommodation?

What accommodation did you ask for and who did you ask (name and position of person)?

What was the place of public accommodation's response to your request for an accommodation?

What reason did the place of public accommodation give for its response to your request for accommodation?

Did the place of public accommodation offer a different accommodation? If yes, please explain.

Updated 12/15