WASHINGTON STATE HUMAN RIGHTS COMMISSION
PUBLIC ACCOMMODATION, CREDIT & INSURANCE
PRE-CHARGE INQUIRY

Local: 360.753.6770 | Toll Free: 1.800.233.3247
Fax: 360.586.2282

FOR OFFICIAL USE ONLY
Inquiry #:
Inquiry Received:
Reviewed By:

The Washington State Human Rights Commission has no jurisdiction over certain services or entities, including but not limited to: police actions; the decisions of courts, city, and county commissioners, or other administrative or licensing agencies; Internet sites; the denial of public benefits; child support; court ordered visitation; prison and jails and their inmate programs; child or adult protective services; Native American tribes; and the federal government.

The agency has no jurisdiction over claims in which the last date of harm occurred more than 6 months ago, or over issues that did not occur in Washington. Your inquiry will not be accepted if it falls into one of the exceptions above, or does not meet jurisdictional requirements of RCW 49.60.

The information you give us on this Pre-Charge Inquiry will help us assist you and determine if your concerns are covered by the law we enforce. Answer all questions completely and please write clearly.

This Pre-Charge Inquiry is NOT a Charge of Discrimination.

If you require assistance in completing this form as a reasonable accommodation, please contact us at 1.800.233.3247 or at frontdesk@hum.wa.gov.

After complete this Pre-Charge Inquiry, return it immediately to:
711 S. Capitol Way, Suite 402
PO BOX 42490
Olympia, WA 98504-2490

Incomplete inquiries will not be accepted.

PERSONAL INFORMATION

First Name: _____ MI: ____ Last Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____ Sex/Gender: _____

Mailing Address: _____ Apt/Unit#: _____

City: _____ County: _____ State: ____ Zip Code: _____

What is the best way to reach you? _____

What are the best days and times to reach you? _____

I BELIEVE I WAS DISCRIMINATED AGAINST BY THE FOLLOWING ORGANIZATIONS (CHECK ALL THAT APPLY):

☐ Public Accommodation ☐ Creditor ☐ Insurer

WHO DO YOU THINK DISCRIMINATED AGAINST YOU?

Organization Name:

Address:

City: County: State: Zip Code:

Type of Business: Phone: ( )

What is your relationship with the business? (customer, patient, student, etc.)

WHAT IS THE REASON, OR BASIS, FOR YOUR CLAIM OF DISCRIMINATION?

FOR EXAMPLE: If you feel that you were treated unfairly because of race, you should check the box next to "Race". If you feel you were treated unfairly for several reasons, such as your gender, religion, and/or national origin, you should check all that apply.

If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was take, you should check the box next to "Retaliation".

☐ National Origin -

☐ Race -

☐ Color (skin shade) -

☐ Creed/Religion -

☐ Veteran Status (Public Accommodation and Credit Only)

☐ Breast Feeding (Public Accommodation Only)

☐ Marital Status (Credit & Insurance Only)

☐ Sexual Orientation / Gender Identity

☐ Sex (Including pregnancy)

☐ HIV/Hep C Status

☐ Citizenship / Immigration Status

☐ Retaliation

☐ Disability - Check all that apply:

- ☐ I have a disability.
- ☐ I had a disability in the past.

The disability involved:

Does this disability prevent or limit you from doing anything? (i.e. walking, breathing, etc.)

☐ Use of a trained dog guide or service animal by a person with a disability

- ☐ I have a service animal.

What type of service animal and what service does it provide?

☐ None of the above - list reason:

WHAT HAPPENED TO YOU THAT YOU THINK WAS DISCRIMINATORY AND WHEN DID IT HAPPEN?

Date: Action:

Name/Title of Person(s) Responsible:

Date: Action:

Name/Title of Person(s) Responsible:

WHAT REASON(S) WERE YOU GIVEN FOR THIS ACTION?

Reason(s):

Who told you this? Their Job Position (if known):

WAS ANOTHER PERSON IN THE SAME OR SIMILAR SITUATION TREATED THE SAME, BETTER, OR WORSE THAN YOU?

WHO WAS TREATED BETTER THAN YOU?

Name: Relationship:

Email: Phone: ( )

How were they treated better?

Date:

WHO WAS TREATED WORSE THAN YOU?

Name: Relationship:

Email: Phone: ( )

How were they treated worse?

Date:

WHO WAS TREATED THE SAME AS YOU?

Name: Relationship:

Email: Phone: ( )

How were they treated the same?

Date:

ARE THERE ANY WITNESSES TO ANY OF THE ACTIONS TAKEN AGAINST YOU? IF YES, PLEASE PROVIDE THEIR CONTACT INFORMATION AND TELL US WHAT THEY WILL SAY.

First Witness -

Name: Relationship:

Email: Phone: ( )

What will they tell us?

Second Witness -

Name: Relationship:

Email: Phone: ( )

What will they tell us?

HAVE YOU ALREADY FILED A CHARGE ON THIS MATTER WITH THE WASHINGTON STATE HUMAN RIGHTS COMMISSION?

☐ Yes ☐ No If yes, when did you file? Charge Number:

HAVE YOU FILED A COMPLAINT ON THIS MATTER WITH ANOTHER AGENCY?

☐ Yes ☐ No If yes, what agency?

Date Filed: Complaint Number:

DO YOU HAVE SOMEONE REPRESENTING YOU IN THIS MATTER?

☐ Yes ☐ No If yes, what is their title? (i.e. attorney)

Name: Date of Contact:

Address: City: State: Zip Code:

Email: Phone: ( ):

WHO CAN WE CONTACT IF WE ARE UNABLE TO REACH YOU?

Name: Relationship:

Address: City: State: Zip Code:

Email: Phone: ( )

Additional Comments:

KEY POINTS:

You must file a charge of discrimination within 6 months from the date of the alleged discrimination.

THIS PUBLIC ACCOMMODATION, CREDIT, & INSURANCE PRE-CHARGE INQUIRY IS NOT A CHARGE OF DISCRIMINATION

We recommend that you keep a copy of your completed Pre-Charge Inquiry for your records.

KEEPING YOUR CONTACT INFORMATION CURRENT

It is your obligation to cooperate with the investigation, including providing the Commission with notice of any change of address, phone number, or any prolonged absence from your current address or phone. If you fail to notify the Commission of this, your inquiry or complaint may be closed administratively due to our inability to locate you, or may be closed based upon the evidence at the time.

PUBLIC DISCLOSURE

Any information and documents that you submit to the Commission are subject to public records laws and will be available to anyone who requests them.
This includes medical and other types of private records.
Therefore, it is in your best interests not to submit anything unless requested by your investigator.

ANY DECISION MADE BY THE COMMISSION DOES NOT PRECLUDE YOUR RIGHT TO FILE A CIVIL ACTION IN A COURT OF COMPETENT JURISDICTION, PURSUANT TO RCW 49.60.030.