The Washington State Human Rights Commission (WSHRC) is a neutral, fact-finding law enforcement agency. It does not act as an advocate for any party during an investigation, but advocates for the law in the interest of preventing and eliminating discrimination.

Answer all questions completely and please write clearly. INCOMPLETE QUESTIONNAIRES WILL NOT BE ACCEPTED

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 completing this Complaint Questionnaire, return it immediately to:

711 S. Capitol Way, Suite 402 PO BOX 42490
Olympia, WA 98504-2490

or via e-mail at

frontdesk@hum.wa.gov

☐ CHECK HERE IF YOU HAVE ALREADY FILED A COMPLAINT WITH ANOTHER AGENCY

If yes, agency name:

Date you filed: Complaint Number:

What is the status of your other complaint?

PERSONAL INFORMATION

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.

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)   ☐ Sex (Including pregnancy)
☐ Creed/Religion   ☐ HIV/Hep C Status
☐ Veteran Status (Public Accommodation and Credit Only)   ☐ Citizenship / Immigration Status
☐ Breast Feeding (Public Accommodation Only)   ☐ Retaliation
☐ Marital Status (Credit & Insurance Only)   ☐ None of the above

☐ 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: ___________

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:

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.

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.

Complaints that do not meet jurisdictional requirements, including complaints where the allegations of the complaint, if true, show no basis for commission action after preliminary evaluation, will not be accepted for investigation.

I want to file a charge of discrimination. I authorize the WSHRC to look into the discrimination I described in this Complaint Questionnaire. I understand that if my claim does not meet jurisdictional requirements, it will not be accepted for investigation and that there will be no follow-up on this inquiry from the WSHRC.

Signature: [ ] Date:

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.