



# CITY OF DULUTH

HUMAN RIGHTS OFFICE  
410 City Hall • 411 W. 1st Street  
Duluth, Minnesota 55802

7. Questionnaire type:
- Business Discrimination
  - Credit Discrimination
  - Education Discrimination
  - Employment Discrimination
  - Public Accommodations Discrimination
  - Public Services Discrimination
  - Real Property Discrimination

**\*\*Fill out pertinent information on appropriate attached sheet.\*\***

The Human Rights Office needs specific information in order to process or investigate a complaint. If the Office cannot locate you, your case may be dismissed. **PLEASE PRINT OR TYPE.**

**If you have questions or need help completing this document, call**

218/730-5630  
TTY: 218/730-5000

## 1. INFORMATION ABOUT YOU

Name \_\_\_\_\_ Phone number ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Race \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

*If you are under 18, provide the name of your parent or legal guardian and their address:*

\_\_\_\_\_

May we call you at work?  Yes  No Work phone number ( \_\_\_\_\_ ) \_\_\_\_\_

Best time to contact you at work \_\_\_\_\_

## CONTACT PERSON – someone who will always know how to contact you

Name \_\_\_\_\_ Phone number ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Date incident occurred: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**2. BASIS OF DISCRIMINATION – “I believe I was discriminated against because of my .....”  
(CHECK ONLY THOSE CATEGORIES THAT ARE THE REASON FOR THIS COMPLAINT.)**

- Race:       White       Black       American Indian       Asian/Pacific Islander       Other
- Color \_\_\_\_\_
- Nationality or country of origin \_\_\_\_\_
- Religion \_\_\_\_\_
- Gender:    male       female
- Martial status:    single       married       divorced       separated       widowed
- Age: Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Age when discrimination occurred \_\_\_\_\_
- Creed \_\_\_\_\_
- Disability: name or description \_\_\_\_\_  
How was this a factor? \_\_\_\_\_
- Sexual orientation:    gay       lesbian       bisexual       heterosexual    other \_\_\_\_\_
- Public assistance status: type of assistance involved \_\_\_\_\_
- Association with person(s) of another race, religion, national origin, sexual orientation, color, or creed, or with person(s) who has/have a disability
- Complaints about or opposition to discrimination
- Receipt of pension credits                       Local Human Rights Commission activity

**3. POSSIBLE WITNESSES – Use additional sheets if necessary**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_      Work phone (\_\_\_\_) \_\_\_\_\_      Best time to contact witness \_\_\_\_\_  
What information can this witness provide? \_\_\_\_\_  
\_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_ Best time to contact witness \_\_\_\_\_  
What information can this witness provide? \_\_\_\_\_  
\_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_ Best time to contact witness \_\_\_\_\_  
What information can this witness provide? \_\_\_\_\_  
\_\_\_\_\_

**4. ARE THERE DOCUMENTS THAT MAY HELP US INVESTIGATE YOUR COMPLAINT?  
Give the name and date of document and explain the information it contains; attach copies, if possible.**

1. \_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
3. \_\_\_\_\_  
\_\_\_\_\_

**5. HOW WERE YOU DISCRIMINATED AGAINST?**

1. Who discriminated against you or harassed you?

Name	Title	Address	Phone number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. When, approximately, did this happen (include the month and year)?  
\_\_\_\_\_  
\_\_\_\_\_

