



OFFICE OF CIVIL RIGHTS ENFORCEMENT
PUBLIC ACCOMMODATION
 DISCRIMINATION COMPLAINT

You must complete this Complaint form and the accompanying Intake Questionnaire and return both documents to the address, email or fax number listed below within 180 days of the last incident of public accommodation discrimination, harassment or retaliation. Pursuant to Oklahoma law, a copy of the Complaint will be sent to the business or establishment. The Intake Questionnaire is for OCRE use only and will remain confidential during the investigation. Oklahoma law prohibits retaliation against individuals who exercise their right to file a complaint.

GENERAL INFORMATION	
YOUR INFORMATION:	RESPONDING PARTY INFORMATION:
Full Name:	Name of Business or Establishment:
Address:	Address:
City, State, Zip Code:	City, State, Zip Code:
PUBLIC ACCOMMODATION DISCRIMINATION BASIS	
I have been discriminated against because of my (check all that apply):	
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> Pregnancy <input type="checkbox"/> Age <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Retaliation Did the discrimination include unwelcome and offensive harassment? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the discrimination include sexual harassment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date (month, day, and year) when the of the discrimination, harassment, or retaliation occurred: _____	
Full name and job title of each person involved in the discrimination, harassment, or retaliation: _____ _____	

I swear and affirm that the foregoing information is true to the best of my knowledge, information, and belief.

 Complainant's Signature

 Date

OKLAHOMA ATTORNEY GENERAL
OFFICE OF CIVIL RIGHT ENFORCEMENT

OKLAHOMA CITY OFFICE (Main):
 313 N.E. 21st Street
 Oklahoma City, Oklahoma 73105
 Office (405) 521-3921
 Fax (405) 521-6246

TULSA OFFICE:
 15 W. 6th Street, Suite 1000
 Tulsa, Oklahoma 74119
 Office (918) 581-2342
 Fax (918) 938-6348

EMAIL:
ocre.complaints@oag.ok.gov



OFFICE OF CIVIL RIGHTS ENFORCEMENT

PUBLIC ACCOMMODATION INTAKE QUESTIONNAIRE

To facilitate the evaluation and investigation of your Complaint, you must answer all of the questions below completely. You may attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, please write "N/A." PLEASE PRINT CLEARLY.

THIS INTAKE QUESTIONNAIRE WILL NOT BE SENT TO THE RESPONDING PARTY.

1. Additional Personal Information

Phone Numbers: Home: (____) _____ Work: (____) _____

Cell: (____) _____ Email Address: _____

Date of Birth: _____ Sex: Male Female Do You Have a Disability? Yes No

Please answer each of the next three questions. i. Are you Hispanic or Latino? Yes No

ii. What is your Race? Please choose all that apply. American Indian or Alaskan Native Asian White

Black or African American Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? _____

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name _____ Relationship _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Other Phone: (____) _____

2. Responding Party Contact Information (Who do you believe discriminated against you? For example: Was it a **business or establishment?** Please provide all necessary information for use in providing notice of your complaint to the person/entity against whom the complaint is being made.)

Name of Business or Establishment: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Name of Supervisor or Manager on duty _____

3. What is the reason (basis) for your claim of public accommodation discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and 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 threatened or taken, you should check the box next to Retaliation.

Race Color Religion Sex Pregnancy Age Disability National Origin Retaliation

If you checked color, religion or national origin, please specify the color, religion, and/or national origin:

Other reason (basis) for discrimination (Explain): _____

4. What services and/or goods were denied to you? What harm, if any, was caused to you as a result of the denial of services and/or goods? Be specific and give dates.

5. What were the specific reason(s) why you were denied goods or services?

6. Have you filed this complaint with any other Agency? (_____) Yes (_____) No
 If yes, give the name of the Agency and date filed.

7. Does the establishment provide goods and/or services to the general public? (_____) Yes (_____) No

8. What was the name of the person who denied you goods and/or services?

Name _____ Title _____

Race, Color, or National Origin _____ Sex _____ Age _____ (if known)

List any other information that can be used to identify the person.

9. Did the establishment require a financial reference from you? (_____) Yes (_____) No. If yes, explain:

10. Did you provide the necessary financial reference(s)? (_____) Yes (_____) No. If no, why not?

11. If the goods or services were for rental property (vehicle, etc.), were the goods and/or services available?

(_____) Yes (_____) No. Explain: _____

12. Have you any witnesses who can verify your statement or what happened? (_____) Yes (_____) No.

If yes, please provide the name, address and contact number of each witness.

Name _____ Contact Number _____

Address _____

Name _____ Contact Number _____

Address _____

13. Do you have any other information which you deem relevant to this complaint? (_____) Yes (_____) No.

If yes, explain: _____

I swear and affirm that the foregoing information is true to the best of my knowledge, information, and belief.

Complainant's Signature

Date