



King County

King County Civil Rights Intake Form

Returning this completed form does not mean you have filed a complaint.
We will review your form, then contact you to finalize the process.

What kind of complaint do you want to file with our office?

- Housing
- Employment
- Public Accommodations (places of business)
- Contracting

Person Filing Complaint _____

Address _____

Email _____

Phone _____

Name and location of the place where the discrimination took place

Date you became aware of the discrimination _____

Most recent date of discrimination _____

Is the discrimination continuing? _____

I want to file a complaint against:

(List all people and companies, and as much contact information as you can.)

#1 Name _____

Address _____

Phone _____

Email _____

#2 Name _____

Address _____

Phone _____

Email _____

#3 Name _____

Address _____

Phone _____

Email _____

#4 Name _____

Address _____

Phone _____

Email _____

The discrimination was because of my protected class: (Check all that apply)	
	Race (specify): Check all that apply <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian, Asian American <input type="checkbox"/> Black, African American, African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial (Two or more races) <input type="checkbox"/> Other Are you Hispanic or Latino/Latina/Latinx? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Color (specify):
	Gender (circle) Male Female
	National Origin (which country):
	Ancestry (which country):
	Disability or use of a service/assistive animal (specify):
	Age (give birthdate):
	Religion <input type="checkbox"/> Protestant <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Mormon <input type="checkbox"/> Orthodox (Greek or Russian) <input type="checkbox"/> Christian (Non-denominational) <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> Something else: _____
	Sexual Orientation Check one <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Queer <input type="checkbox"/> Not Listed
	Gender identity <input type="checkbox"/> Man <input type="checkbox"/> Non-Binary <input type="checkbox"/> Woman <input type="checkbox"/> Not Listed <input type="checkbox"/> Prefer not to disclose

	Are you transgender? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Parental Status (children under 18 in the household)
	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Cohabiting <input type="checkbox"/> Prefer not to disclose
	Participate in Section 8 Program (For housing only)

Briefly describe what action(s) were taken against you.

Include specific dates and explain why you believe that the negative actions are related to your protected class. (use additional pages if necessary)

I verify that this statement is true to the best of my knowledge.

Signature _____ Date _____

e-mail your signed Intake Inquiry to

Civil-Rights.OCR@kingcounty.gov