



## CITY OF PORTSMOUTH HUMAN RIGHTS COMMISSION

### Public Accommodation Discrimination Complaint Form

Although all ages are protected, you must be 18 years or older to file a complaint. A parent, guardian or other person having legal authority to act in the child's interests must file on behalf of a person under the age of 18.

<b>1. Your contact information:</b>		
First Name	Middle Initial/Name	
Last Name		
Street Address/ PO Box	Apt or Floor #:	
City	State	Zip Code
If you are filing on behalf of a person or persons under the age of 18 for whom you have legal authority to act:		I am filing for: <input type="checkbox"/> Self & other <input type="checkbox"/> Other person(s) only
Name(s):	Relationship(s):	Date(s) of birth:
<b>2. Briefly describe the type of public accommodation you are filing against</b> (e.g. restaurant, store, theatre, bank, medical office, insurance company, etc.):		
<b>3. You are filing a complaint against:</b>		
Name		
Street Address/ PO Box		
City	State	Zip Code
Telephone Number: (      ) _____ - _____		
In what <i>county or borough</i> did the violation take place?		
Individual people who discriminated against you:		
Name: _____	Title: _____	
Name: _____	Title: _____	
If you need more space, please list them on a separate piece of paper.		

**4. Date of alleged discrimination** (*must be within one year of filing*): \_\_\_\_\_



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The most recent act of discrimination happened on: \_\_\_\_\_

### 5. Basis of alleged discrimination:

Check **ONLY** the boxes that you believe were the reasons for discrimination, and fill in specifics only for those reasons. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.

<input type="checkbox"/> <b>Creed/Religion:</b> Please specify: _____	<input type="checkbox"/> <b>National Origin:</b> Please specify: _____
<input type="checkbox"/> <b>Disability:</b> Please specify: _____	<input type="checkbox"/> <b>Race/Color or Ethnicity:</b> Please specify: _____
<input type="checkbox"/> <b>Gender Identity or Expression, including the Status of Being Transgender</b>	<input type="checkbox"/> <b>Sex:</b> Please specify: _____
<input type="checkbox"/> <b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> <b>Sexual Orientation:</b> Please specify: _____
<input type="checkbox"/> <b>Military Status:</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran	<input type="checkbox"/> <b>Arrest record</b> (credit and insurance only; see page 2 of instructions for what is covered by the arrest provisions)
<input type="checkbox"/> <b>Use of Guide Dog, Hearing Dog, or Service Dog, or a Service Animal meeting the ADA definition</b>	

If you believe you were treated differently because you filed or helped someone file a discrimination complaint, acted as a witness to a discrimination complaint, or reported unlawful discrimination, check below:

- Retaliation:** How you opposed discrimination:

If you believe you were discriminated against because of your relationship or association with a member or members of a protected category listed above, indicate the relevant category above, and check below.

- Relationship or association**

### 6. Acts of alleged discrimination: *What did the person/company you are complaining against do? Check all that apply*

<input type="checkbox"/> Denied access to public accommodation	<input type="checkbox"/> Discriminatory advertisement, communication, or notice
<input type="checkbox"/> Denied equal advantages, facilities and privileges of public accommodation	<input type="checkbox"/> Sexual harassment
<input type="checkbox"/> Denied reasonable accommodation for disability	<input type="checkbox"/> Harassed/intimidated (other than sexual harassment) on any basis indicated above
<input type="checkbox"/> Denied reasonable accommodation regarding the use of a service animal (dog or miniature horse) in violation of federal standards under the Americans with Disabilities Act	<input type="checkbox"/> Discriminated against because of use of a professionally trained guide, hearing or service dog
<input type="checkbox"/> Other: _____	