



King County

Public Accommodations Intake Questionnaire

If you complete and return this form, you have not filed a formal complaint. OCR staff will review your form, then contact you to finalize the process.

Person Filing Complaint _____

Address _____

Phones Home _____ **Work** _____

Cell _____ **Message** _____

E-mail _____

How did you hear about OCR?

Name of a friend or relative we can contact if we cannot contact or locate you:

Name _____

Address _____

Phones: _____

E-mail _____

Who are you filing this complaint against?

Name of proprietor/owner/manager: _____

Name of business: _____

Business Phone(s): _____

Address: _____

City: _____ Zip Code: _____

What type of service or product is provided by this business or public agency?

Please provide contact information for witnesses to these actions

Name _____

Address _____

Phones _____

E-mail _____

Name _____

Address _____

Phones _____

E-mail _____

Name _____

Address _____

Phones _____

E-mail _____

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

Signature _____ **Date** _____

Please return your signed Intake Questionnaire to

King County Office of Civil Rights
401 Fifth Avenue, Suite 215
Seattle, WA 98104

If you have questions about this Intake Questionnaire, contact OCR at 206-296-7592,
TTY Relay: 711, Fax 206-296-4329, or e-mail Civil-Rights.OCR@kingcounty.gov.

**We provide reasonable accommodations for people with disabilities.
AVAILABLE IN ALTERNATE FORMATS**