

ALASKA STATE COMMISSION FOR HUMAN RIGHTS

Intake Questionnaire

After you have completed this questionnaire, an investigator will contact you. If the Human Rights Commission has jurisdiction to investigate under Alaska Statute 18.80, we will schedule an appointment to complete the intake process in person or over the phone, and we will assist you to file a formal complaint. This intake questionnaire is not a complaint, and the Human Rights Commission will not begin investigating until you file a formal complaint after an intake appointment.

The Human Rights Commission does not have the authority to provide damages beyond make-whole relief. You may be entitled to punitive damages from an intentional tort however the Commission has no authority to provide that type of relief.

**Required fields*

Date of Questionnaire*

Your Details

Name*

Mailing Address:

Number and Street (or P.O. Box)

Apt#

City

State

Zip

Your Contact Information

Email Address

Type:

**Phone Number*

Type:

Preferred Communication for Initial Contact:

Preferred Date and Time for Initial Contact (between 8:00 am and 4:00 pm M-F):

We will make an effort but cannot guarantee that we will be able to contact you during your preferred date and time.

Do you require a reasonable accommodation for a disability?

Yes No

If yes, explain.

Do you require language interpretation?

Yes No

If yes, what language?

***Are you represented by an attorney?**

Yes No

If yes, please provide:

Attorney's Name

Attorney's Phone Number

If you are represented by an attorney and the attorney plans to represent you in this matter, he or she must provide the Human Rights Commission with an entry appearance to be present with you during your intake interview

Respondent Details (the business, organization, or agency you want to file a complaint against)

Name of Business, Organization, or Agency*

Address: Number and Street

City State Zip

Phone

If this is an employment complaint, are there:

<15 employees 15 or more employees 20 or more employees

***Area of Alleged Discrimination**

***Nature of Alleged Discrimination**

Reason(s) you believe you were discriminated against: *Please check all that apply.*

Race	Sex
National Origin	Sexual Orientation
Age	Gender Identity
Mental Disability	Color
Religion	Marital Status
Physical Disability	Changes in Marital Status
Pregnancy Parenthood	

**"By providing a telephone number and submitting the form you are consenting to be contacted by SMS text message. Message & data rates may apply. Reply STOP to opt out of further messaging."

Explanation of Alleged Discrimination

*Date of Discrimination or Date of Harm

Is this a continuing act?

Yes

No

*Explain what happened to you and why you believe it was discrimination:

How did you hear about the Commission?