

GENERAL INTAKE QUESTIONNAIRE

(For Housing Cases use HOUSING INTAKE QUESTIONNAIRE)

PLEASE NOTE: Completing this Intake Questionnaire does not mean that a Charge of Discrimination has been filed.

A CHARGE OF DISCRIMINATION IS FILED WITH THE MAINE HUMAN RIGHTS COMMISSION WHEN A SIGNED, NOTARIZED COMPLAINT FORM IS RECEIVED BY THE COMMISSION. SIGNED, NOTARIZED COMPLAINTS MUST BE RECEIVED BY THE COMMISSION WITHIN THREE HUNDRED (300) DAYS OF THE ALLEGED ACT OF DISCRIMINATION.

After we receive the information you provide, the Intake Officer will either type a Charge of Discrimination and send it to you for your review and notarized signature or, if the information is not sufficient to draft a charge, call you to discuss your allegations further.

| First Name: Middle init: Last Name: Dat: Street Address: City: State: Zip: Home Phone: Cell Phone: Work Phone Number: Email Address: Wisht To FILE A CHARSE For Position: (e.g. Owner/President/H.R. Manager) Maling Street Address: Person to Contact: Title or Position: (e.g. Owner/President/H.R. Manager) Maling Street Address: City: State: Zip: Title or Position: (e.g. Owner/President/H.R. Manager) Maling Street Address: City: State: Zip: State: Zip: Type of organization: (e.g. union, employment agency, manufacturing, retail) Extension of Credit DefELEVE HAVE BEEL HOSE ENDERNINATED AGAINST IN: BEECAUSE OF : BECAUSE OF: Children (Ladging Only: except certain B&B establishmenta) Genetic Predisposition Paralial Status (Credit Only) Genetic Predisposition Maintal Status (Credit Only) Rate (Specify:) National Origin/Ancestry (Specify:) | CONTACT INFOR | MATIO | N | | | | | | | | | | |
|---|--|---------------|---------------|------------------------|-----------|---------------------|--|-----------------|---------------------|-----------|------------------|--------------------|--|
| Home Phone: Cell Phone: Work Phone Email Address: I WISH TO FILE A CHARGE AGAINST: Phone Number: Person to Contact: Title or Position: (e.g. Owner/President/H.R. Manager) Mailing Street Address: City: State: Zip: Type of organization: (ex, union, employment agency, manufacturing, retail) I BELIEVE I HAVE BEEN DISCRIMINATED AGAINST IN: Image: City: State: Zip: I BEILEVE I HAVE BEEN DISCRIMINATED AGAINST IN: Image: City: Extension of Credit Image: City: Education BECAUSE OF: Image: City: Color (Specify: | First Name: | | | Middle Init.: | Last Name | Last Name: | | | | D | ate: | | |
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| Children (Lodging Only - except certain B&B establishments) Receipt of a Permanent Protection From Abuse Order Familial Status (Employment and Housnig only) Religion (Specify:) Genetic Predisposition Retaliation Marital Status (Credit Only) Sex (this includes sexual harassment) National Origin/Ancestry (Specify:) Sex (this includes Gender Identity) (Specify:) Physical / Mental Disability (Specify:) Whistleblower Retaliation (Employment Only) Race (Specify:) Workers Compensation Retaliation (Employment Only) I WAS DENIED THE SAME OPPORTUNITY OR TREATED DIFFERENTLY THAN OTHERS IN: Hiring Dismissal Benefits Pay Promotion Working Conditions Loan Other (Describe briefly) | BECAUSE OF : | | | | | | | | | | | | |
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| Image: Hiring Image: Dismissal Image: Benefits Image: Pay Image: Promotion Image: Working Conditions Image: Loan Image: Credit Image: Other (Describe Filty) Image: Pay Image: Pay <td>Race (Specify:</td> <td></td> <td>)</td> <td></td> <td></td> <td></td> <td>🗆 w</td> <td>/orkers Compe</td> <td>nsation Re</td> <td>aliatio</td> <td>on <i>(Emplo</i></td> <td>yment Only)</td> | Race (Specify: | |) | | | | 🗆 w | /orkers Compe | nsation Re | aliatio | on <i>(Emplo</i> | yment Only) | |
| Loan Credit Other (Describe briefly) What are the dates of alleged discrimination: | I WAS DENIED TH | IE SAM | E OPPOR | TUNITY OR [.] | TRE | ATED DI | FFER | RENTLY TH | AN OTH | ERS | IN: | | |
| What are the dates of alleged discrimination: | Hiring | Dism | issal | Benefits | | 🛛 Pay | | Promotion | | n | | Working Conditions | |
| | 🖵 Loan | Cred | it | D Other (Des | scribe | briefly) | | | | | | | |
| What reason was given for this adverse action: | What are the dates of a | alleged dis | crimination: | | | | | | | | | | |
| What reason was given for this adverse action: | | 6 41 - | | | | | | | | | | | |
| | What reason was given | i for this a | dverse action | | | | | | | | | | |
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| Phone (207) 624-6290 Fax (207) 624-8729 TTY: Maine Relay 711 | | | | | | | | | | | | | |

TTY: Maine Relay 711

REV 12.02.21

| IF EMPLOYMENT RELATED DISCRIMINATION: | |
|--|---|
| Approximately # of persons employed by Company or members of union? | Are you employed by this company at this time? 	Yes 	No |
| When did you first become employed? | |
| OR, I was employed as | until |
| (position title) | (date) |
| when I was(laid off, terminated, qu | it, etc.) |
| OR, I applied for: | on and was not hired. |
| (position title) | (date) |
| Have you ever filed a complaint with this office? | |
| | |
| Is there a union at your place of employment? | - |
| To assist us in understanding the details of your situation, please provide a brief des against. | cription of the reasons you believe you have been discriminated |
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| | Attach extra paper if necessary |
| Signature of Complaining Party: | Date: |
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| | |

FORM INSTRUCTIONS ON NEXT PAGE

NOT ALL DISCRIMINATION IS UNLAWFUL!

The Maine Human Rights Act makes it unlawful to discriminate in the following areas for the following reasons:

| | MHRC JURISDICTIONS | | | | | | | | | | |
|---|--------------------|---------|-----------------------------------|------------------|-----------|--|--|--|--|--|--|
| JURISDICTIONAL BASIS: | EMPLOYMENT | HOUSING | ACCESS TO PUBLIC ACCOMMODATION | CREDIT EXTENSION | EDUCATION | | | | | | |
| Age | ✓ | | ✓ | ✓ | | | | | | | |
| Ancestry | ✓ | ✓ | ✓ | ✓ | | | | | | | |
| Color | ✓ | ✓ | ✓ | ✓ | | | | | | | |
| Children (lodging only) | | | ✓ | | | | | | | | |
| Familial Status | ✓ | ✓ | | | | | | | | | |
| Genetic Information | ✓ | | | | | | | | | | |
| Marital Status | | | | ✓ | | | | | | | |
| Mental Disability | ✓ | ✓ | ✓ | | ✓ | | | | | | |
| National Origin | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | |
| Permanent Protection From Abuse Order | ✓ | ✓ | | | | | | | | | |
| Physical Disability | ✓ | ✓ | ✓ | | ✓ | | | | | | |
| Race | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | |
| Receipt of Public Assistance ¹ | | ✓ | | | | | | | | | |
| Religion | ✓ | ✓ | ✓ | ✓ | | | | | | | |
| Retaliation | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | |
| *Sex ² | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | |
| Sexual Orientation | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | |
| Worker's Comp Retaliation* | √* | | | | | | | | | | |
| Whistleblower's Retaliation | ✓ | | | | | | | | | | |

* for filing with previous employer only.

<u>Retaliation</u>: The Maine Human Rights Act prohibits retaliation against any individual who has opposed any practice which would be a violation of the Act, or because the individual has made a charge, testified or assisted in any manner in any investigation proceeding or hearing under the Act.

FORM INSTRUCTIONS: Fill out the intake form as completely as possible; be specific with all names and dates.

Please return this form to:

Maine Human Rights Commission 51 State House Station Augusta ME 04333

REMINDER: Completing this Intake Questionnaire does not mean that a Charge of Discrimination has been filed.

After we receive the information you provide, the Intake Officer will either type a Charge of Discrimination and send it to you for your review and notarized signature *or*, if the information is not sufficient to draft a charge, call you to discuss your allegations further.

For more information on the Maine Human Rights Act please visit us on the web at www.maine.gov/mhrc.

¹ Receipt of Public Assistance means status as a recipient of federal, state or local public assistance

² Sexual harassment is a form of sex discrimination.