



**PUBLIC ACCOMMODATION DISCRIMINATION INTAKE QUESTIONNAIRE**  
**LINCOLN COMMISSION ON HUMAN RIGHTS**  
**555 South 10th Street, Suite 304**  
**Lincoln, NE 68508**

**PLEASE PRINT**

Name: (First, Middle, Last)		Date of Birth:	Age:	
Address: (Number and Street)	Apt No:	City:	State:	Zip Code:
Telephone Numbers and Area Codes:		Email Address:		
Home:				
Work:	Ext:	Preferred Time:	Preferred Days:	
Name of Person to Contact If you Cannot be Reached:			Telephone Number:	

**BASIS OF DISCRIMINATION:** See [What is Discrimination?](#) for the protected classes

On what basis or bases were you treated differently than other customers?  
 (Example-- Bases: Race and Sex - African American female)

**WHAT HAPPENED?:** (Check ALL that apply)

Denial of Service     
  Denial of Accommodations     
  Denial of Credit  
 Other: (Explain)

**COMPANY/PROVIDER INFORMATION:** (Please Use "N/A" if information is not available or unknown at this time)

Name of Business or Service Provider:		Telephone Number:		
Address: (Number and Street)	City:	State:	Zip Code:	
Name of Person who Discriminated:		Title:	Telephone Number:	

**LIST THE NAMES AND PHONE NUMBERS OF WITNESSES YOU FEEL COULD PROVIDE EVIDENCE IN YOUR SUPPORT:**

(1) Name of Witness:		Telephone number:		
Address:	City:	State:	Zip Code:	
(2) Name of Witness:		Telephone number:		
Address:	City:	State:	Zip Code:	
(3) Name of Witness:		Telephone number:		
Address:	City:	State:	Zip Code:	
(4) Name of Witness:		Telephone number:		
Address:	City:	State:	Zip Code:	

**BRIEFLY EXPLAIN** how and/or why you feel discriminated against (how you were treated differently from others), by whom, when, and where. Be sure to indicate all dates (month, day, year) and names as accurately as possible. **If filing on the basis of disability, please provide appropriate medical documentation.**

**IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS**

What Reasons, if any, were you given for the action you are reporting?

Who gave you these reasons?

**OTHER ACTIONS**

Have you filed with the United States Department of Justice or  
any other agency or group?  Yes  No

Name of Agency:

Telephone number:

Address: (Number and Street)

City:

State:

Zip Code:

Name of person who assisted You:

What has this person done for You on this problem?

Do you have an attorney?

Name of attorney:

Telephone Number:

Yes  No

Address:

City:

State:

Zip Code:

**REMEDIES YOU ARE SEEKING FOR RELIEF: (What would it take to resolve the issue(s) you are alleging?)**

**YOU LEARNED ABOUT/WAS REFERRED TO THE LINCOLN COMMISSION ON HUMAN RIGHTS BY:**