



**CITY OF GAINESVILLE
OFFICE OF EQUAL OPPORTUNITY
PRELIMINARY INTAKE**

DATE: _____

COMPLAINANT:

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE NUMBER: _____

TYPE OF ALLEGATION:

___ HOUSING ___ EMPLOYMENT ___ PUBLIC ACCOMMODATION ___ FAIR CREDIT

BASIS OF COMPLAINT: (Please circle)

- | | |
|---|--|
| <input type="checkbox"/> Sexual Orientation _____ | <input type="checkbox"/> Religion _____ |
| <input type="checkbox"/> Race _____ | <input type="checkbox"/> National Origin _____ |
| <input type="checkbox"/> Color _____ | <input type="checkbox"/> Marital Status _____ |
| <input type="checkbox"/> Gender _____ | <input type="checkbox"/> Disability _____ |
| <input type="checkbox"/> Age _____ | <input type="checkbox"/> Gender Identity _____ |

(Only apply if 40 yrs old + over)

AGENCY YOU ARE FILING COMPLAINT AGAINST:

COMPANY NAME: _____ PHONE #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

Date of most recent incident: _____ Is the action/situation continuing? ___Yes ___ No

GENERAL INFORMATION ABOUT THE ISSUES:

