



Municipality of Anchorage
ANCHORAGE EQUAL RIGHTS COMMISSION
(AERC)



INTAKE QUESTIONNAIRE

Questionnaire sent by: _____
Investigator Date

Return completed questionnaire to:
Anchorage Equal Rights Commission
 632 W. 6th Avenue, Suite 110
 Anchorage, Alaska 99501
 Phone: 907-343-4342
 Fax: 907-249-7328
 equalrights@anchorageak.gov

Date stamp for completed intake questionnaires.

Please answer the following questions and describe what action was taken against you that you believe to be discriminatory. After you have completed this questionnaire and returned it to the AERC, an investigator will contact you to discuss the answers and/or to schedule an appointment to complete the intake process.

Name: _____ Date: _____

Address: _____ Home Phone: _____ Cell Phone _____

City: _____ State: _____ Zip Code: _____

Referred to AERC by: _____ Date of Discrimination _____

Name of Organization (*Employer, Landlord, Institution*): _____ Phone No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

15 or more employees? No Yes

The reason(s) I believe action was taken against me is/are because of my: (Check the one(s) that apply. If a section does not apply, do not check the box.)

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

The discrimination took place in the area of: (Check the one(s) that apply.)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Financial Institutions | <input type="checkbox"/> Employment | <input type="checkbox"/> Public Accommodations |
| <input type="checkbox"/> Educational Institutions | <input type="checkbox"/> Practices by the Municipality of Anchorage | <input type="checkbox"/> Other (specify) | |

Please provide the name and number of an individual who would know how to reach you.

Name: _____ Phone: _____ Relationship: _____

INTAKE QUESTIONNAIRE (page 2)

What action was taken against you that you believe to be discriminatory? What harm, if any, was caused to you or others as a result of this action? (If more space is required, use additional sheets).

PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED

Have you sought assistance about the action you think was discriminatory from any government agency, from your union, an attorney, or from any other source? No Yes (if answer is yes, complete below)

Name of source of assistance: _____ Date: _____

Result, if any:

Signature: _____ Date: _____

AERC USE ONLY

Reviewed by: _____ Date: _____

Investigator assigned: _____ Date: _____

180th Day: _____

Comments: