



**CITY OF GAINESVILLE
OFFICE OF EQUAL OPPORTUNITY**

PRELIMINARY INTAKE

DATE: _____

COMPLAINANT:

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE NUMBER: _____

TYPE OF COMPLAINT:

___ FORMAL ___ INFORMAL

TYPE OF ALLEGATION:

___ HOUSING ___ EMPLOYMENT ___ PUBLIC ACCOMMODATION ___ FAIR CREDIT

___ OTHER (PROGRAMS/SERVICES)

BASIS OF COMPLAINT: (Please circle)

- Sexual Orientation _____
- Race _____
- Color _____
- Gender _____
- Age _____

- Religion _____
- National Origin _____
- Marital Status _____
- Disability _____
- 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:

