

## Filing a Complaint of Public Accommodation Discrimination

Navigating the OHR complaint process requires detailed coordination of procedures by OHR staff. Complaints of public accommodations discrimination include the bases of race, color, religion, sex, national origin, age, disability, marital status and sexual orientation.

To file a complaint of public accommodations discrimination, the complaint must be in writing and notarized. Keep in mind that the OHR staff members are available to guide you through the filing process.

- Call or walk-in to OHR to discuss your complaint with a knowledgeable staff member. If you call and your complaint meets the requisite standards, an appointment will be scheduled for you to come to the office, complete and sign the paperwork necessary to file an official complaint. If you walk-in and your complaint meets the requisite standards, an appointment will be scheduled for you or you will be able to complete and sign the paperwork necessary during your office visit, subject to openings in the schedule and staff availability.
- If you have called and have an appointment scheduled, you may print the appropriate questionnaire from the OHR website, complete and bring it with you when you come to the office; if you have not completed the questionnaire, you may do so during your office visit.
- During your office visit you will need to complete one or more Affidavits. The information requested will include the name, address and phone number of the place of public accommodations where you were alleged discriminated against; an individual, e.g., a food server, a ticket agent, a desk person at a hotel/motel, etc., as appropriate, and witnesses. It is important to remember that should any of the contact information change for anyone referenced in your complaint, including yourself, prior to your receiving notification that your case is closed, you are to forward the new contact information to the OHR.
- Additionally, you will need to provide an account of the alleged discriminatory action(s), in chronological order if possible, along with any documents in your possession that may be relevant to your complaint.
- Provide as much information as possible about all parties involved in the alleged act of discrimination, most importantly the correct name and address of the place of public accommodations. Also important FCHR, please disclose this to the OHR.
- When your complaint is taken and your signature is affixed and notarized (you will need photo identification), the investigative process begins.
- Once you have filed a complaint, you will be given a detailed explanation of what to expect regarding the investigative process and what participation is expected of you.

**PUBLIC ACCOMMODATIONS DISCRIMINATION INTAKE QUESTIONNAIRE**  
(Covered Under Chapter 57 of the Code of the City Only)  
**Equal Rights – Equal Opportunity**

**OHR Use Only**  
Intake Specialist (Initials)

**City of Orlando**  
**Office of Human Relations (OHR)**  
400 S. Orange Ave., 9<sup>th</sup> Floor  
Orlando, FL 32801  
407.246.2122 (Main) 407.246.2308 (Fax) 407.246.3454 (TTY)  
[www.cityoforlando.net/humanrelations](http://www.cityoforlando.net/humanrelations)

**IMPORTANT NOTICE:** Completion and submission of this questionnaire **does not** constitute the filing of a charge of discrimination. This is an information gathering form, and it is important that you answer all of the questions to the best of your knowledge. You must be interviewed by an Intake Specialist. Once it is determined that the requirements are met, a formal charge will be prepared for your signature, and, it will need to be notarized. Notary Publics on premises, free of charge.

**WHEN COMPLETING THIS QUESTIONNAIRE PLEASE PRINT OR WRITE LEGIBLY**  
**Do not write on the back of any page of this form. Use additional space as provided on page 3.**

**PERSONAL INFORMATION:**

1. Name (As appears on Picture ID) \_\_\_\_\_
2. Current Address:  
Street \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_
3. Your daytime telephone number is (include area code) \_\_\_\_\_
4. Your evening telephone number is (include area code) \_\_\_\_\_
5. Your mobile telephone number is [(optional) include area code] \_\_\_\_\_
6. Your date of birth is \_\_\_\_\_. You are presently \_\_\_\_\_ years of age.
7. Please provide the name, address and telephone number of an individual who does not live at the same address as you, but in the local area and would know how to reach you.  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**COMPLAINT INFORMATION:**

1. What action was taken against you that you believe to be discriminatory? Indicate the harm, if any, caused to you and/or others as a result of such action.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2. Do you believe this action was taken against you because of (check only those that apply):

<input type="checkbox"/> Race	<input type="checkbox"/> Religion	<input type="checkbox"/> Disability
<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Sex (Gender)	<input type="checkbox"/> Age	<input type="checkbox"/> Marital Status
<input type="checkbox"/> Other (Explain) _____		

3. Provide the name, address and telephone number of the public entity/place of public accommodation\* (establishment which serves the public) that you believe discriminated against you. As applicable, provide additional contact information, e.g., the operator of the public entity, on page 3.

Name \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

Telephone Number \_\_\_\_\_

4. What date did the most recent or last act of discrimination occur? \_\_\_\_\_

5. Have you **sought assistance** with this alleged act of public accommodation discrimination via another source, e.g., the Florida Commission on Human Relations (FCHR), an attorney, etc.?  Yes  No

6. If you answered "yes" to question number 5 above:

Name of Source of Assistance \_\_\_\_\_ Date \_\_\_\_\_

Results, if any: \_\_\_\_\_

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**\*Places of public accommodation include, but are not limited to, any inn, hotel, motel; any restaurant, cafeteria, lunchroom, lunch counter, soda fountain; any bar lounge, nightclub; any motion picture house, theater, concert hall, sports arena, stadium convention hall; any library or educational facility, public conveyances (taxis, limousines, buses, etc.), barber and beauty shops, hospital, laundry, swimming, pool, nursery, kindergarten, day care center. (Nothing in the law prohibits the limiting of the use of kindergartens, nurseries, day care centers, theaters and motion picture houses to persons of a particular age group.)**

For more details and further explanation please call the Office of Human Relations.

