

Florida Commission on Human Relations Technical Assistance Questionnaire for Public Accommodation Complaints

Please complete this entire form please print) and return it to the Commission at the address listed at the bottom of this form. Answer all questions completely. Attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A."

REMEMBER, a charge of public accommodation discrimination must be filed within 365 days of the alleged act of discrimination.

1. Personal Information:

Last Name: asdsad **First Name:** Mike **MI:** K
Street or Mailing Address: 2345 Address Street
Apt. or Unit No.: NA
City: Gatorville
County: Hillsborough
State: FL
ZIP Code: 33606
Telephone Number: (333)444-5555
Date of Birth: 11/22/33
Email Address: Email@email.com
Sex: Male

2. Please provide the name of a person we can contact if we are unable to reach you:

Last Name: Driscoll **First Name:** Mike **MI:** K **Relationship:** Me
Street or Mailing Address: 2345 Address Street
Apt. or Unit No.: NA
City: Gatorville
County: Hillsborough
State: FL
ZIP Code: 33606
Telephone Number: (333)444-5555

3. I believe that I was discriminated against by the following organization(s):

Organization Name: Bad Business
Street or Mailing Address: 54321 Organization Row
City: Brandon
County: Organge
State: FL
ZIP Code: 98765
Telephone Number: 87238742
Type of Business: Crack House
Owner Name: Bill Dance
Owner Telephone: 666 666 666

4. Organization Representative Contact Information (If known):

Representative Name: Getyy
Street or Mailing Address: ghfgh
City: khfkjfhjhf
County: 7rfjhjfh
State: hiufjg
ZIP Code: ugtfjhfh
Telephone Number: 08979087

5. What is the reason (basis) for your claim of public accommodations discrimination?

race **Race:** white
color **Color:** light
nat origin **National Origin:** american
Sex **Sex:** male
preg **Pregnant or Condition Related to Pregnancy or Childbirth**
religion **Religion:** athiest
disabili8tuy **Disability/Handicap:** cant ttype
family **Familial Status:** married
other **Other Reason:** none

6. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed. (Example: 08/08/2011 – Refused service by Mr. John Smith, waiter):

Ramps DIY vaporware intelligentsia. Seitan letterpress la croix, echo park intelligentsia farm-to-table yuccie ramps tbh quinoa prism iceland poke VHS enamel pin. Ennui beard tumblr, kogi stumptown disrupt drinking vinegar sustainable synth iceland poke wayfarers vexillologist affogato mlkshk. Dreamcatcher hellas brunch tote bag, thundercats actually franzen. Vice hell of you probably haven't heard of them sartorial, sustainable wolf bicycle rights forage direct trade aesthetic ugh pok pok PBR&B; narwhal mustache. Before they sold out poke vexillologist master cleanse DIY occupy. Tumblr viral kickstarter +1.