



Office of Equal Opportunity

301 N. Olive Avenue, 10th Floor

West Palm Beach, FL 33401

(561) 355-4884

Fax: (561) 355-4932

www.pbcgov.com/equalopportunity



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Dear Sir/Madam:

This is to acknowledge your recent inquiry regarding the filing of a possible Places of Public Accommodation complaint. In order to more effectively assist you in this process, it is necessary for you to complete the attached Public Accommodations Discrimination Complaint Questionnaire. This questionnaire should be completed in as much detail as possible, including names, titles, dates, actions, witnesses and so forth. Failure to accurately and fully complete this form will delay in evaluating your issue. You may return this completed form to us by hand-delivery, mail or facsimile.

Because of the large number of persons served by the Palm Beach County Office of Equal Opportunity (OEO), we are unable to provide telephonic case status updates. Please refrain from calling to determine case status. You will be contacted by an OEO Equal Opportunity Specialist if further information is needed. Otherwise, you will normally receive further communication from our office, in writing or by telephone, within thirty (30) days from when we receive the completed questionnaire from you.

Please be advised that there are time limits applicable to the filing of complaints of discrimination. The Palm Beach County Places of Public Accommodation Ordinance requires filing within one year from the last discriminatory act. It is therefore of the utmost importance that you complete and return the form to this office as soon as possible in order to avoid losing your rights to pursue this potential claim.

Thank you for your cooperation in this matter.

Sincerely,

Pamela Guerrier, Director
Office of Equal Opportunity

"An Equal Opportunity
Affirmative Action Employer"

PUBLIC ACCOMMODATIONS DISCRIMINATION COMPLAINT QUESTIONNAIRE

Palm Beach County Office of Equal Opportunity
301 North Olive Avenue, 10th Floor – West Palm Beach, FL 33401
Telephone: (561) 355-4883 | FAX: (561) 355-4932 | TDD: (561) 355-1517
<http://www.pbcgov.com/equalopportunity>

IMPORTANT NOTICE TO POTENTIAL COMPLAINANT: Completion of this form is necessary in order for the Office of Equal Opportunity (OEO) to determine if you have sufficient legal grounds to initiate the filing of a complaint of Public Accommodations discrimination. Completion and submission of this Questionnaire does not constitute the filing of a complaint of discrimination. Upon receipt of this completed Questionnaire, we will determine if you have stated sufficient factual allegations to proceed further. If the facts are not sufficient, we will either contact you for further information or notify you of our determination that the facts are not sufficient. If the facts are sufficient, a complaint will be prepared for you to sign and return to OEO for filing and investigation. You must return the signed, notarized complaint form so that it is received by OEO within one (1) year of the date of the most recent act of alleged discrimination.

*When completing this form, please print legibly or use typewriter.
Please do not write on the back of the page. Use additional sheets if necessary.*

PERSONAL INFORMATION

1. My name is _____
First Middle Name or Initial Last
2. My date of birth is _____
3. My gender is _____ and my racial identity is _____
4. I reside at _____
in the City of _____ County of _____
State of _____ Zip Code _____
5. My daytime telephone number, including the area code, is _____
6. My evening telephone number, including the area code, is _____
7. The name of a person who will know how to reach me is _____
Their telephone number, including the area code, is _____
8. My email address is _____
(NOTE: Under Florida law, email addresses are public records. Do not provide your email address if you do not want it released in response to a public records request.)
9. How did you hear about us?
 Referred by _____
 Attended which outreach event _____

INFORMATION ABOUT THE PUBLIC ACCOMMODATIONS PROVIDER

What is the name of the Public Accommodations provider that you believe discriminated against you?

Name _____

Address _____

City _____ State _____ Zip _____ Telephone No. _____

What is the location of the business owned/operated by the above-named Public Accommodations provider?

Name _____

Address _____

City _____ State _____ Zip _____ Telephone No. _____

The person named above operates a business which serves the public. The business is a:

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Place of lodging (e.g., inn, hotel, motel – except for owner-occupied establishment renting fewer than six rooms) | <input type="checkbox"/> Public transportation terminal, depot or station (not including facilities relating to air transportation) |
| <input type="checkbox"/> Establishment serving food and drink (e.g., restaurant, bar) | <input type="checkbox"/> Place of public display or collection (e.g., museum, library, gallery) |
| <input type="checkbox"/> Place of exhibition or entertainment (e.g., motion picture house, theater, concert hall, stadium) | <input type="checkbox"/> Place of recreation (e.g., park, zoo, amusement park) |
| <input type="checkbox"/> Place of public gathering (e.g., auditorium, convention center, lecture hall) | <input type="checkbox"/> Place of education (e.g., nursery school, elementary, secondary, undergraduate, or post-graduate private school) |
| <input type="checkbox"/> Sales or rental establishment (e.g., bakery, grocery store, hardware store, shopping center) | <input type="checkbox"/> Social service center establishment (e.g., day care center, senior citizen center, homeless shelter, food bank, adoption agency) |
| <input type="checkbox"/> Service establishment (e.g., laundromat, dry-cleaner, bank, barber shop, beauty shop, travel service, shop repair service, funeral parlor, gas station, office of accountant or lawyer, pharmacy, insurance office, professional office of health care provider, hospital) | <input type="checkbox"/> Place of exercise or recreation (e.g., gymnasium, health spa, bowling alley, golf course) |

Please indicate the basis upon which you believe you were discriminated against. (*Check and respond only to those that are applicable to your case.*)

Race. If your claim is based on race, what is your race? _____

Color. If your claim is based on color, what is your color? _____

National Origin. If your claim is based on national origin, what is your national origin? _____

Sex. If your claim is based on sex (or gender), what is your sex (gender)? _____

If your claim is based on sexual harassment, did you report the alleged harassment to the Public Accommodations provider?

Yes No

If yes, what actions did the Public Accommodations provider take based upon your report? _____

Age. If your claim is based on age, what is your age? _____

Religion. If your claim is based on religion, what is your religion? _____

Did you request an accommodation for a religious practice or belief? Yes No

If yes, what was the Public Accommodations provider's response to your request? _____

Familial Status. If your claim is based on familial status, please indicate the number and ages of your dependent child(ren):

Disability. If your claim is based on disability, what is your disability? _____

(NOTE: IF YOUR CLAIM IS BASED ON A DISABILITY, PLEASE COMPLETE THE ATTACHED DISABILITY QUESTIONNAIRE.)

Did you request an accommodation or modification for your disability? Yes No

If yes, what accommodation or modification did you request? _____

Marital Status. If your claim is based on marital status, please indicate whether you are:

single married divorced other (please specify) _____

Sexual Orientation. If your claim is based on sexual orientation, what is your sexual orientation? _____

Gender Identity or Expression _____

Retaliation. If your claim is based on retaliation, have you previously filed a place of public accommodation discrimination claim with either DOJ, FCHR or OEO? Yes No

Have you previously filed a claim of housing discrimination through the business' procedures? Yes No

Have you testified or assisted someone else in protecting their rights under the public accommodations laws? Yes No

The most recent act of discrimination took place on _____
Month Day Year

Why do you believe that the action taken against you was discriminatory?

The names, addresses and telephone numbers for all persons who have knowledge about the alleged discriminatory treatment are listed below. I have also given a summary of what each person knows about this matter.

What relief are you seeking in this matter? _____

Would you be willing to accept to resolve this matter immediately? Yes No

Are you willing to participate in mediation to seek an early resolution of your claim(s)? Yes No

Have you sought assistance from any other agency, attorney, etc.? Yes No

If yes, what is the name of the source of assistance? _____

Date of assistance _____ Results, if any _____

Have you previously filed a complaint with OEO or another agency? Yes No

If yes, when did you file? _____ Complaint No. (if known) _____

A. I have been advised by a representative of the Palm Beach County Office of Equal Opportunity (OEO) that completion of this Questionnaire is necessary in order for the Office of Equal Opportunity to determine if I have sufficient legal grounds to initiate the filing of a complaint of Public Accommodations discrimination. I understand that completion and submission of this Questionnaire does not constitute the filing of a complaint of discrimination and that upon receipt and review of this completed Questionnaire, OEO will determine if I have stated sufficient factual allegations to proceed with the actual filing of a complaint of discrimination.

B. I understand that to be timely filed, a complaint of discrimination must be received by OEO within one (1) year of the date of the most recent act of alleged discrimination.

Under penalty of perjury, I declare that I have read the entire contents of this Questionnaire and that my answers and statements contained herein are true and correct.

Signed _____

Printed Name _____

Date Signed _____



Palm Beach County
Board of County Commissioners

PUBLIC ACCOMMODATIONS DISCRIMINATION COMPLAINT QUESTIONNAIRE Continuation Sheet

Palm Beach County Office of Equal Opportunity – Complaint Review Process

Below is an explanation of what you can expect regarding how your complaint will be processed in our office.

- **You should expect to receive a call or letter from the Equal Opportunity Specialist (EOS) assigned to your complaint within 30 days from the date we received your completed public accommodations complaint discrimination questionnaire. Depending on the type of complaint and the issues associated with your complaint, the review process may take several weeks after we have all the needed information to process your complaint.**
- All complaints received are not accepted and referred for investigation.
- **The EOS does NOT communicate or make contact with the person(s) you are complaining about during the review process.**
- **We do NOT advocate or represent you (the complainant(s)) or the person(s) you are complaining about (respondent(s)).**
- We conduct a review of your complaint to determine if the issue(s) you are complaining about meet the jurisdictional or allowable requirements of the fair housing laws.
- You will be asked to answer specific questions which are necessary for us to determine if your complaint can be accepted and referred for investigation.
- You will also be asked to provide documents necessary to complete the review of your complaint.
- Be advised that our office is responsible for reviewing all complaints received for all persons making a complaint involving allegations of places of public accommodation discrimination within Palm Beach County. We process complaints in the order received. Therefore, in the interest of assuring a thorough review of your complaint, your patience is appreciated.

Complaints NOT Accepted for Investigation:

IF after reviewing your complaint and documents, it is not accepted for referral for investigation:

- You will receive correspondence giving you the reason(s) why your complaint was not accepted for investigation and why the file will be closed.
- In some instances, we may refer you to a different County department or outside agency that may be able to help you with your non-jurisdictional complaint.

Complaints Accepted and Referred for Investigation:

IF your complaint is accepted and referred for investigation:

- The EOS will prepare the formal complaint of discrimination for your signature. The summary of allegations will be written in a different format from the information you originally provided.
- Additionally, the complaint will include your name and address and the name and address of the business alleged to have violated public accommodations law(s).

Palm Beach County Office of Equal Opportunity – Complaint Review Process

- You should review the document carefully to ensure that it is consistent with your allegations, sign it and return it to the EOS as soon as possible (ASAP). If you do not agree with the summary of allegations, **do NOT write on the actual document**, you should contact the EOS ASAP.
- **If you do not return the signed complaint your case will NOT be referred for investigation, therefore, it will be closed due to your failure to respond.**
- Upon receipt of the signed complaint, the EOS will send you and the business you complained about a formal letter giving you the case name, number and the contact information regarding the investigation. The EOS then transfers your file for investigation and the EOS no longer has responsibility for your file or regarding your case.
- Your case will be pending assignment to an investigator after we receive the signed complaint from you and response from the business. Please note that it may take several months after we receive the response from the business before the case is assigned to an investigator as we generally assign cases in the order in which they are filed. **All further communication should be with the assigned investigator.**
- The assigned investigator will then contact you and the business you complained about to begin the investigation.
- You should keep all documents related to your complaint such as receipts, letters, newspaper or internet ads, telephone numbers, tapes, photos, etc. in a safe place because the assigned investigator will need them. **PLEASE NOTE THAT INFORMATION PROVIDED TO THE OEO ARE PUBLIC RECORDS AND OPEN TO THE PUBLIC AS PROVIDED BY LAW. DO NOT PROVIDE OEO WITH RECORDS YOU DO NOT WANT TO BE PUBLIC.**
- You will also be asked to write down a timeline of what happened that led you to file the complaint. The timeline will assist the investigator in the investigation.
- The assigned investigator will also discuss options for settlement of your case if both parties agree to participate in conciliation.

We appreciate your patience and cooperation. Thank you.