11 Dupont Circle, NW Suite 400 Washington, DC 20036



# Intake Questionnaire

All questionnaires will be treated confidentially; we will not share or sell information about you. We will only use your email as

address to respond to you directly. This form is for use by the assistance. It does not mean that we have agreed to represe	e Washington Lawyers' Committee to evaluate your request for ent you. You are still responsible for any filing deadlines.
Please understand that the Washington Lawyers' Committee may take one to two weeks for someone from our organization	e receives many requests for assistance each day. Therefore, it on to respond to your inquiry. We appreciate your patience
Billing Address	
First name	
Last name	
Company name	
Address line 1	
Address line 2	
City	
State	
Zip	
Email	
Yes, I would like to receive updates from	m WLC
Phone Numbers	
Daytime	
Evening	Category of Discrimination
Cell	(check all that apply)
Discrimination/Civil Rights Violation	Race
Do you believe that you have been a victim of any	Sexual harassment
of the following unlawful activities (check one):	Religion
Employment discrimination	Immigration status
Unpaid wages/overtime wages	Sex
Housing discrimination	National origin
Discrimination in government services	Sexual Orientation
Discrimination as a customer of a business	Age
Police misconduct	Gender Identity
Hate crimes	Pregnancy
Discrimination in lending and/or insurance concerns	Disability (identify)
Other (specify)	Other (specify)

## Intake Questionnaire (Continued)

### **Discriminating Company, Agency, Organization or Individual**

Name	
Address	
(if known)	
City	
State	
Zip	

#### **Mailing Address:**

11 Dupont Circle, NW Suite 400

Washington, DC 20036

#### **Phone Numbers:**

Main: (202) 319-1000 Fax: (202) 319-1010 Spanish: (202) 319-1011

x: 222

Email: WLC@washlaw.org

#### Briefly describe the events you believe were discriminatory

You may attach additional pages if more room is required.





