



7. What is the address of the property where the alleged harm or action took place?

If it is an employment or housing discrimination complaint, please give the name of the business or housing facility?

If employment, estimated number of employees:

8. DISCRIMINATION AND/OR HARASSMENT STATEMENT: (Describe in detail how you were treated differently because of your actual or perceived race, color, sex, age, national origin, religion, disability, marital status, familial status, sexual orientation, or gender identity or expression; or how you were retaliated against or sexually harassed. Provide the first and last names of all people involved. **Please explain on an additional sheet of paper if necessary and sign and date all attachments .**)

9. HAS THIS ALLEGATION BEEN FILED ANYWHERE ELSE? (For example, EEOC, Florida Commission on Human Relations, etc.)

Yes  No

If yes, provide the following information:

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Filing: \_\_\_\_\_

10. RELIEF SOUGHT: (What would you like to see happen as a result of this review?)

11. IDENTIFY THE WITNESSES WHO HAVE FIRSTHAND KNOWLEDGE REGARDING THE INCIDENTS YOU HAVE DESCRIBED IN THIS COMPLAINT: **(Please use additional paper if there are more than two witnesses and sign and date all attachments .)**

Witness Name: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Complainant (if any): \_\_\_\_\_

What does the witness know?\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness Name: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Complainant (if any): \_\_\_\_\_

What does the witness know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SIGN AND DATE THIS FORM**

**I declare that I have read this complaint (including any attachments, if applicable) and that it is true and correct.**

Signature (Complainant)

Date

**Please return this EOA Intake Questionnaire to:**

**Hillsborough County 's Equal Opportunity Administrator 's Office  
700 E. Twiggs Street  
Suite 830  
Tampa, FL 33602**

**OR**

**You may fax it to : (813) 276-2217**

