



**Municipality of Anchorage**  
**ANCHORAGE EQUAL RIGHTS COMMISSION**  
**(AERC)**



**INTAKE QUESTIONNAIRE**

Questionnaire sent by: \_\_\_\_\_  
Investigator Date

**Return completed questionnaire to:**

**Anchorage Equal Rights Commission**

632 W. 6th Avenue, Suite 110  
 Anchorage, Alaska 99501  
 Phone: 907-343-4342  
 Fax: 907-343-4395

**Date stamp for completed intake questionnaires.**

Please answer the following questions and describe what action was taken against you that you believe to be discriminatory. After you have completed this questionnaire and returned it to the AERC, an investigator will contact you to discuss the answers and/or to schedule an appointment to complete the intake process.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Referred to AERC by: \_\_\_\_\_ Date of Discrimination \_\_\_\_\_

Name of Organization (*Employer, Landlord, Institution*): \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

15 or more employees?     No     Yes

The reason(s) I believe action was taken against me is/are because: (Check the one(s) that apply. If a section does not apply, do not check the box.)

- |                                      |                                |  |  |  |
|--------------------------------------|--------------------------------|--|--|--|
| <input type="checkbox"/> Race        | <input type="checkbox"/> Sex   | <input type="checkbox"/> National Origin | <input type="checkbox"/> Age                 | <input type="checkbox"/> Mental Disability |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Color | <input type="checkbox"/> Marital Status  | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Religion          |
| <input type="checkbox"/> Other _____ |                                |  |  |  |

The discrimination took place in the area of:

(Check the one(s) that apply.)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Housing                  | <input type="checkbox"/> Financial Institutions                     | <input type="checkbox"/> Employment      | <input type="checkbox"/> Public Accommodations |
| <input type="checkbox"/> Educational Institutions | <input type="checkbox"/> Practices by the Municipality of Anchorage | <input type="checkbox"/> Other (specify) |  |

Please provide the name and number of an individual who would know how to reach you.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**- CONTINUE ON REVERSE-**

